



COUNTY BOROUGH OF DARLINGTON

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

1967

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.

MEDICAL OFFICER OF HEALTH
PRINCIPAL SCHOOL MEDICAL OFFICER



COUNTY BOROUGH OF DARLINGTON

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

1967

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.

MEDICAL OFFICER OF HEALTH

PRINCIPAL SCHOOL MEDICAL OFFICER

CONTENTS

	PAGE
Introductory Letter	4
Health Committee	8
Staff	8
Part I—Vital Statistics	12
Part II—Prevalence and Control over Infectious Diseases—	
§ 1. General	20
§ 2. Tuberculosis and Mass Radiography	22
§ 3. Venereal Diseases	28
Part III—National Health Service Act, 1946—	
§ 1. Health Centres (Section 21)	29
§ 2. Care of Mothers and Young Children (Section 22)—	
(a) Normal Mothers and Children	29
(b) Care of Premature Infants	30
(c) Risk Register	31
(d) Supply of Dried Milks, etc.	32
(e) Dental Care	32
(f) Care of Unmarried Mothers and their Children	33
§ 3. Domiciliary Midwifery (Section 23)	33
§ 4. Health Visiting (Section 24)	35
§ 5. Home Nursing (Section 25)	36
§ 6. Vaccination and Immunisation (Section 26)	38
§ 7. Ambulance Service (Section 27)	40
§ 8. Prevention of Illness, Care and After-Care (Section 28)	41
§ 9. Domestic Help (Section 29)	44
Part IV—Mental Health	45
Part V—National Assistance Act, 1948 (Part III)	55
Part VI—Growing Points—	
§ 1. Health Education	56
§ 2. Geriatrics	57
§ 3. Accidents in the Home	59

	PAGE
Part VIII—Other Services—	
§ 1. Housing	61
§ 2. Meteorology and Atmospheric Pollution	67
§ 3. Laboratory Service	69
§ 4. Medical Examinations	69
§ 5. Water Supply and Sewage Disposal	70
§ 6. Public Baths Department	71
Part VIII—Sanitary Circumstances (Report of Chief Public Health Inspector—	
Introductory Letter	74
§ 1. Analysis of Inspections	75
§ 2. Living Accommodation	77
§ 3. Offices, Shops and Railway Premises Act, 1963	81
§ 4. Food Hygiene	84
§ 5. Food and Drugs Acts, 1938-1955	85
§ 6. Production and Distribution of Milk	88
§ 7. Inspection of Meat and Other Foods	89
§ 8. Offensive Trades	92
§ 9. Rodent Control	92
§ 10. Factories Acts, 1937-1959	94
§ 11. Miscellaneous Provisions	95
The Annual Report of the Principal School Medical Officer follows page ...	96

ANNUAL REPORT 1967

To : The Chairman and Members
of the Health Committee.

Mr. Chairman and Members,

I have the honour to present my Annual Report for 1967, my nineteenth complete year of service as your Medical Officer of Health.

During the year the relevant matter which chiefly concerned you and the Council was infant mortality, the enquiry being provoked by the unusually bad returns for the first and last quarter of the year. I have commented more fully on this question under the appropriate heading (page 17) and will merely pause to remark here that this problem is by no means a new one and in previous years I have directed your attention to the unsatisfactory statistics under this heading, not as compared with the north of England as a whole, but with other industrial towns of similar kind.

From time to time no doubt you will ask yourselves with regard to the health service which you administer whether you are receiving value for the money expended and in this connection I would like to direct your attention to some interesting features. Statistics published by the Institute of Municipal Treasurers and Accountants and the Society of County Treasurers provide year by year a detailed analysis of the cost of local health services and when those for Darlington are compared with other County Boroughs one finds that the rate equivalent based on actual 1d. rate product is 9·47d for Darlington as compared with 14·01d. for the County Boroughs of England and Wales collectively. These statistics are incidentally for the financial year 1966-67, so that they do not correspond exactly with the period reviewed by this Report, though the discrepancy is not significant in the present context. For those with a frugal mind this figure is in itself satisfactory and can be supported by the fact that among County Boroughs there are only five with a lower figure, these including the wealthy municipalities of Bournemouth, Luton, Solihull and Southend-on-Sea and the equally wealthy city of Southampton. Taking an overall view, each item of service works out at a lower cost per 1,000 population than the figure for the County Boroughs collectively and the only occasions where the average figure is exceeded is in the calculation of individual costs for midwifery and home nursing. In the former the cost per maternity case attended is £28 4s 0d as compared with £25 8s 0d, and in the latter the cost per visit is 10s 5d as compared with 8s 9d. Where the midwifery service is concerned, this is easily explained by the large number of hospital confinements, which in a fully rationalised service would seem to require a somewhat lower establishment of district midwives than you are at present maintaining and, as you will know, this

question of reorganising the midwifery service in Darlington to obtain closer co-ordination with the hospital service is under consideration at the time of writing. With regard to the home nursing service, the higher cost is probably due to the longer time spent by your nurses on the care of individual patients and this, of course, is a satisfactory observation since the efficiency of personal care services of all kinds is to be gauged not by the quantity but by the quality of the help given. There is no doubt that your district nursing service is very highly esteemed, not only by the patients but by the medical practitioners of the town also. Perhaps the most spectacular economy is under the heading of Administration, where the net expenditure per 1,000 population works out at £212 19s 0d as compared with £315 12s 0d for all English and Welsh County Boroughs. The question therefore which you need to ask yourselves is not so much whether you are obtaining value for money as to whether you ought to increase the value of your health services by spending more.

Undoubtedly the year 1967 showed rapid development at many points, notably in connection with the mental health service, where the appointment of trainee assistants at the Junior Training Centre, the purchase of a bus and the employment of a man to drive it, training courses for the prospective Supervisor of the Junior Training Centre and for the Supervisor of the Training and Industrial Centre all indicate the expansion of this forward-looking section of your department. You also authorised the increase of establishment of the home nursing service by one extra nurse. Even so, however, staff shortages present your largest single problem. To some extent you have controlled it by providing training facilities for student public health inspectors and student health visitors and had it not been for this provision on your part you would indeed have been in desperate straits as it seems to become increasingly difficult to attract professional people to the north of England. Though Darlington is a town with many agreeable features, this fact appears to be appreciated only by those who know it already and few are tempted to come and find out for themselves. Even with your training schemes and the additional manpower they have supplied, your health visiting service remains under-established and in a parlous condition and this is a time when added demands are being made of it, as are described under the appropriate heading (page 35).

During the year Dr. H. Newman, Assistant Medical Officer of Health and Assistant School Medical Officer since 1st January, 1966, found it necessary to resign for family reasons and for the rest of the year no replacement was made. This was at least partly due to the dispute between the management and employers' side of the Whitley Council in respect of salaries in the health service, on account of which no advertisement was published, but it is not at all certain that anyone would have applied even if advertisements had been exhibited. Other factors beside the geographical one are concerned in the dearth of junior entrants to the medical ranks of the public health service, partly related to remuneration and partly to long-term prospects, because while the objects served by public

health and preventive medicine must in one form or another always remain, and ought indeed to be the major objective of a health service rightly so called, it may be taken as doubtful whether the pattern with which we have become familiar over the last century will remain much longer. I am inclined to think that the only solution of the problem of deficient medical manpower lies in offering assistance towards obtaining the Diploma of Public Health while employed in your service. This, of course, is done by many other authorities and is in line with what you are already doing for health visitors, public health inspectors and, in a somewhat different form, in the mental health and home nursing sections also. In connection with staff recruitment in general and medical staff in particular, it is not irrelevant to note that sub-standard accommodation still remains an important factor. Though from an overall point of view the Archer Street premises are much superior to the old offices in Feethams, they are still certainly far from ideal and the health visitors in particular remain in cramped and inconvenient quarters. Medical officers thinking of Darlington as a possible field for their activities will also be discouraged by the inferior quarters in which so many of your baby clinics are held. In saying this I fully appreciate that I may seem unkind to those church authorities who have so freely made available premises planned to meet other needs and without their help we would indeed be quite incapable of fulfilling statutory obligations. It may be argued that good work is undoubtedly carried out in spite of the adverse environment, but equally fifty years ago good surgery was carried out on kitchen tables, though at the present time something rather better is expected and indeed demanded by the public. The low standard of Health Department accommodation may easily provoke the query whether the services themselves are equally inferior or whether, however good they may be, they are poorly appreciated by the Council and the ratepayers. There is an old legal adage that justice must not only be done but must be seen to be done and this is equally true in other fields.

Meanwhile you might think that your service is ticking over fairly satisfactorily without any too obvious complaints and hence no cause for despondency or alarm arises. This is very far from a true picture since there are a great many matters which your medical staff would like to develop, but where they lack the available time. One of these and perhaps the most outstanding is in the field of health education, where an enormous amount lies ready to be done among, for instance, senior schoolchildren and which must needs go by default. Some authorities, including a few no bigger than Darlington, have appointed a Health Education Officer, not necessarily holding a medical degree, to develop this side of the work and I think you would be well advised to consider an increase of your establishment in this respect, but even so the difficulties presented by lack of medical manpower would not be solved since for certain aspects of health education a doctor is essential.

Nineteen sixty-seven was significant in a wider context than for the Health Department alone as being the centenary of Darlington

Corporation and in celebration of this event an exhibition was held at the Baths Hall in which the Health Department took part. Some difficulty was encountered as how best to illustrate in static form what was essentially a dynamic service, but four of the larger executive sections of the department, the district nurses and domiciliary midwives, the health visitors, the mental health section and the public health inspectorate, mounted tableaux with statistical information to illustrate what they had done and were doing, and a good deal of favourable attention was paid by the public to this stand. Unfortunately I was ill at the time and did not see it, but the sectional heads concerned took a great deal of time and trouble in addition to their other onerous tasks to make the exhibition a success.

As usual on these occasions, I would like to pay tribute to the zeal and devotion of your staff, without which such achievements as your department has made would have been impossible, and I would also like to thank you for your continued interest and encouragement.

I have the honour to be,

Your obedient Servant,

JOSEPH V. WALKER,

Medical Officer of Health.

Health Department,
Archer Street,
Darlington.

Tel. No. Darlington 5218.

MEMBERS OF THE HEALTH COMMITTEE

(as at 31st December, 1967)

Councillor H. Horsley (Chairman)

Councillor Mrs. S. M. Brown

Councillor J. Hughes

„ A. E. Burley, A.C.W.A.

„ C. Hutchinson, J.P.

„ H. Carr, J.P.

„ R. F. H. Park

„ J. D. Haithwaite

„ D. J. McNee, L.D.S.

„ Mrs. E. M. Hankinson
(Vice-Chairman)

„ L. Wood

Co-opted Members: Dr. E. A. Burkitt
Dr. V. G. Crowley

STAFF

Medical Officer of Health and Principal School Medical Officer ...	Joseph V. Walker, M.D., M.R.C.P., D.P.H.
Deputy Medical Officer of Health and Deputy Principal School Medical Officer	Winifred Mary Markham, B.Sc., M.R.C.S., L.R.C.P., D.C.H., D.P.H.
Assistant Medical Officer of Health and Assistant School Medical Officer	John Lunsdaine Stewart, M.D., Ch.B.
Chest Physician (part-time)	Gilbert Walker, M.B., Ch.B., M.R.C.P., D.P.H.
Assistant Medical Officer for Child Welfare (part-time)	Mrs. Jean Dubberley, M.B., Ch.B.
Principal School Dental Officer ...	P. Waterfall, L.D.S.
School Dental Officers (part-time) ...	J. I. Munro, L.D.S. F. B. Taylor (from 1.10.67)
Public Analyst	W. G. Carey, F.R.I.C.
Chief Public Health Inspector	F. Ward, 1, 2, 3.
Deputy Chief Public Health Inspector	J. R. White, 1, 2, 3.
Public Health Inspectors	J. E. Harris, 1, 2. W. C. B. Robson, 1, 2. K. Dixon, 1, 2. D. G. Willson, 2a, 2c. G. B. Stephenson, 1, 2, 2c D. M. Wood, 2a.
Pupil Public Health Inspectors ...	M. A. Scobie. J. W. M. Raw (from 18.12.67)
Technical Assistants	S. R. Blackburn D. Fullerton
Authorised Meat Inspector	H. Teasdale, 2b.
Superintendent Health Visitor and School Nurse	Miss E. Winch, 4a, 5, 6, 8, 9.
Senior Health Visitor and School Nurse	Miss D. Smith, 4a, 5, 6,

Health Visitor/School Nurses	Miss E. Jackson, 4a, 5, 6, 7. Mrs. M. D. Whelan, 4a, 5 (Part I), 6, 7. Miss D. Owen, 4a, 5 (Part I), 6. Mrs. J. M. Preston, 4a, 5, 6. Mrs. J. Robinson, 4a, 5, 6. Mrs. D. G. Glanfield, 4a, 5, 6. Miss A. B. Russell, 4a, 5, 6. Miss J. M. Rutter, 4a, 5, 6. Mrs. M. P. Wakefield, 4a, 5 (Part I), 6. (from 1.3.67 till 31.10.67) Mrs. M. M. Mellors, 4a, 6 (from 11.9.67) Miss P. Grainger, 4a, 5, 6 (from 11.9.67) Miss E. A. Carswell, 4a, 5, 6 (from 1.12.67)
Temporary Health Visitor/School Nurses: Full time	Mrs. C. H. Ellis, 4a, 5, 6 (till 27.6.67).
Part time	Mrs. D. Barry, 4a, 5, 6.
Assistant Health Visitor/School Nurse	Mrs. M. Lord, 4a.
Temporary Assistant Health Visitor/ School Nurses	Mrs. E. J. Rowland, 4a (till 27.6.67). Mrs. C. Wake, 4a (from 15.5.67). Miss V. M. Humphries, 4a (from 20.11.67)
Student Health Visitors	Miss P. Grainger, 4a, 5 (till 10.9.67). Mrs. M. M. Mellors, 4a (till 10.9.67). Miss N. Swinbank, 4a, 5 (from 25.9.67).
Superintendent Midwife and District Nurse	Miss C. Beckett, 4a, 5, 9.
District Midwives	Miss E. Shaw, 5. Mrs. O. M. Johnston, 4a, 5. Mrs. G. Popple, 4a, 5. Mrs. E. W. Lindow, 4a, 5. Miss C. Young, 4a, 5.
District Nurses: Full time	Miss M. Gill, 4a 9 (till 31.12.67) Miss M. Rodber, 4a, 5, 9. Mrs. A. Pottage, 4a, 4b. Mrs. N. Bennett, 4a. Mrs. M. T. Williamson, 4a. Mrs. A. Pratt, 4a, 5. Mrs. G. Anderson, 4a. Mrs. A. E. Smith, 4a. Mrs. M. Gamblin, 10. Mrs. R. M. Bennington, 10. Mrs. A. Bertram, 4a (from 1.1.67). Mrs. J. M. Hopps, 4a, 5 (from 1 9 67). Mrs. J. M. Hewitson, 4a (from 11.10.67).
Temporary	Mrs. M. E. Ormerod, 4a, 5 (from 9.10.67 to 30.10.67).
Part time	Mrs. J. Burgess, 4a (till 31.12.67).
Bath Attendants: Part time	Mrs. L. Jelly (till 11.3.67). Mrs. R. Harris Mrs. E. R. Pease (from 14.8.67).
Chief Mental Welfare Officer	C. W. Price.
Mental Welfare Officers	S. McAulay. Mrs. G. Sullivan. D. English. Miss B. M. Scott (from 24.4.67).

Junior Training Centre:

Temporary Supervisor	Mrs. J. Paxton (till 31.7.67).
Supervisor	Mrs. M. J. Eglington (from 1.8.67) (on training course till 31.7.67)
Assistant Supervisors	Mrs. M. Kirk. Mrs. M. J. Eglington (till 31.7.67). Mrs. M. E. Gordon. Mrs. K. E. Mackley (till 31.8.67). Miss Y. M. Reeks (from 4.9.67). Miss E. G. Sibbald (from 4.9.67).
Temporary Assistant Supervisor ...	Mrs. J. Wood (till 31.7.67).
Pupil Assistant Supervisors	Miss Y. M. Reeks (from 13.2.67 till 3.9.67). Miss E. G. Sibbald (from 23.1.67 till 3.9.67). Miss M. Brass (from 18.9.67). Miss C. Jakat (from 18.9.67).
Driver/Handyman	J. R. Grieveson (from 30.8.67).

Adult Training and Industrial Centre :

Supervisor	D. Sams (on Training Course till 23.7.67).
Temporary Supervisor	J. W. Coatsworth (till 23.7.67).
Assistant Supervisors	J. W. Coatsworth (from 24.7.67). A. C. Robinson.
Temporary	C. Bedford (till 28.7.67).
Short Stay Hostel—Warden	S. Dixon (till 31.7.67).
Temporary	Mrs. A. James (from 1.8.67).
Home Help Organiser	Mrs. M. M. Nicholson (from 18.5.67).
Chief Clerk	I. Burnley.
Clerical Staff	K. Watson (Senior Clerk). W. Brown. E. Nelson. D. H. Stow. Miss G. W. Ruecroft (Senior Female Clerk). Miss M. W. Spence. Mrs. M. M. Nicholson (till 17.5.67). Miss S. M. Ashton (till 31.5.67). Miss M. E. Daynes. Miss D. Carroll. Mrs. C. Rawson. Mrs. M. R. Sledge. Mrs. J. E. Herbert. Mrs. D. Peden (part-time). Miss W. A. Linton (from 27.11.67). Miss C. A. Griffiths (from 18.4.67). Miss D. Perkins (from 16.7.67 till 3.11.67)
Disinfector	W. J. Hunter (till 28.8.67).
Rodent Operatives/General Assistants	W. Calvert. B. King (from 11.9.67).

1. Certificate of Royal Sanitary Institute and Sanitary Inspectors Joint Board.
2. Certificate of Royal Sanitary Institute for Meat and Food Inspectors.
- 2a. Public Health Inspector's Diploma.
- 2b. Meat Inspector's Certificate of Royal Society of Health.
- 2c. Smoke Inspector's Certificate of Royal Society of Health.
3. Associate of Royal Society of Health.
4. State Registered Nurse: (a) General, (b) Fever, (c) Sick Children.
5. State Certified Midwife.
6. Health Visitor's Certificate of the Royal Sanitary Institute.
7. Field Work Instructor.
8. Nursing Administration Certificate of the Royal College of Nursing.
9. Queen's Institute of District Nursing Certificate.
10. Enrolled Nurse.

PART I

Vital Statistics

Height above sea level—100 to 240 feet.

Area of Borough in acres—6775.

Resident population (Registrar General's estimate for statistical purposes, 1967)—84,640

Resident population (last census 1961)—84,178.

Density of population per acre—12·5.

Percentage increase on last census population—0·55%.

Inhabited Houses (at 1st April, 1968) :

(a) Dwelling houses	...	...	...	...	...	28,765
(b) Dwelling houses and shops	...	...	...	...	...	470
(c) Licensed premises	...	...	...	...	...	61
Total						29,296

Rateable Value (at 1st April, 1968)—£4,032,912.

Sum represented by 1d. rate (at 1st April, 1968)—£16,450.

Relating to Mothers and Infants :

Live births—1,415 (Male 725, Female—690).

Live birth rate per 1,000 population—16·7.

Stillbirths—17.

Stillbirths rate per 1,000 live and stillbirths—12·0.

Total live and stillbirths—1,432.

Infant deaths—40.

Infant mortality rate per 1,000 live births—Total 28·2

„ „ „ „ „ „ „ —Legitimate 25·7

„ „ „ „ „ „ „ —Illegitimate 50·0

Neonatal mortality rate (first four weeks) per 1,000 live births—16·2.

Early Neonatal mortality rate (under one week) per 1,000 live births—14·1.

Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)—25·8

Illegitimate live births per cent. of total live births—9·9%.

Maternal deaths (including abortion)—0.

Relating to Death :

Deaths from notifiable infectious diseases (other than tuberculosis)—2.

Deaths from gastro-enteritis (under 2 years)—1.

„ „ respiratory tuberculosis—2.

„ „ non-respiratory tuberculosis—0.

„ „ cancer—213 (Cancer of the lung—50).

„ „ circulatory diseases—611 (Coronary thrombosis—247).

„ „ pneumonia and bronchitis—116.

„ „ violent causes—55.

Deaths of persons 65 years and over—70·2% of all deaths.

Deaths of persons 75 years and over—44·1% of all deaths.

Inquests held—50.

Uncertified deaths—0.

Deaths in institutions—641 including 124 in institutions outside the Borough. (This is equivalent to 56·0% of all deaths compared with 52·8% in 1966).

Death rate per 1,000 population—13·5.

Total deaths—1,143 (Males—586, Females—557).

Natural increase of population—272.

TABLE I
Comparable Table of Vital Statistics, 1948-1967

		Birth-Rate*		Death-Rate*		Infant Mortality*	
Year	Estimated Population	Darlington	England & Wales	Darlington	England & Wales	Darlington	England & Wales
1948	84,000	18·4	17·9	11·6	10·8	32	34
1949	84,830	16·3	16·7	11·5	11·7	44	32
1950	85,550	15·6	15·8	12·9	11·6	34	30
1951	84,770	15·5	15·5	12·4	12·5	28	30
1952	84,000	14·1	15·3	11·5	11·3	26	28
1953	83,820	15·7	15·5	11·8	11·4	38·8	26·8
1954	83,900	14·8	15·2	11·2	11·3	28·9	25·4
1955	83,560	15·3	15·0	12·3	11·7	27·4	24·9
1956	83,360	14·1	15·6	11·9	11·7	34·0	23·7
1957	83,260	15·5	16·1	12·5	11·5	32·6	23·1
1958	83,170	16·1	16·4	12·3	11·7	28·3	22·6
1959	83,300	15·9	16·5	12·2	11·6	27·9	22·0
1960	83,660	16·6	17·1	12·8	11·5	26·5	21·9
1961	84,050	17·1	17·4	12·6	12·0	29·8	21·6
1962	84,400	17·1	18·0	12·2	11·9	20·0	21·4
1963	84,210	16·9	18·2	12·5	12·2	23·2	21·1
1964	84,320	17·3	18·5	12·8	12·1	21·9	21·1
1965	84,390	16·9	18·1	12·4	11·5	22·5	19·0
1966	84,630	17·1	17·7	14·4	11·7	20·7	19·0
1967	84,640	16·7	17·2	13·5	11·2	28·2	18·3

* Rate per Thousand

TABLE II

Deaths occurred at the following ages :—

CAUSE	YEARS									Total
	0-1	1-2	2-5	5-15	15-25	25-45	45-65	65-75	75+	
1 Tuberculosis, respiratory	—	—	—	—	—	1	—	—	1	2
2 Tuberculosis, Other ...	—	—	—	—	—	—	—	—	—	—
3 Syphilitic disease ...	—	—	—	—	—	—	1	1	—	2
4 Diphtheria ...	—	—	—	—	—	—	—	—	—	—
5 Whooping Cough ...	—	—	—	—	—	—	—	—	—	—
6 Meningococcal Infections	—	—	—	—	1	—	—	—	—	1
7 Acute poliomyelitis ...	—	—	—	—	—	—	—	—	—	—
8 Measles ...	—	—	—	—	—	—	—	—	—	—
9 Other Infective and parasitic diseases	—	1	—	—	—	—	—	—	—	1
10 Malignant neoplasm, stomach,	—	—	—	—	—	—	6	10	9	25
11 „ „ lung, bronchus	—	—	—	—	—	1	20	22	7	50
12 „ „ breast ...	—	—	—	—	—	2	11	6	2	21
13 „ „ uterus ...	—	—	—	—	—	—	5	2	3	10
14 Other malignant and lymphatic neoplasms	—	—	—	—	—	7	33	32	35	107
15 Leukaemia, aleukaemia	—	—	1	1	—	—	3	3	2	10
16 Diabetes ...	—	—	—	1	—	2	3	3	6	15
17 Vascular lesions of nervous system	—	—	—	—	—	2	22	54	125	203
18 Coronary disease, angina	—	—	—	—	—	3	78	77	89	247
19 Hypertension with heart disease	—	—	—	—	—	—	1	3	11	15
20 Other heart disease ...	—	—	—	—	1	4	9	20	58	92
21 Other circulatory disease	—	—	—	—	—	1	6	11	36	54
22 Influenza ...	—	—	—	—	—	—	—	—	—	—
23 Pneumonia ...	15	1	1	—	—	—	5	13	17	52
24 Bronchitis ...	—	—	1	—	—	—	8	20	35	64
25 Other diseases of respiratory system	—	—	—	—	1	—	2	—	2	5
26 Ulceration of the stomach or duodenum	—	—	—	—	1	—	—	2	4	7
27 Gastritis, enteritis and diarrhoea	1	—	—	—	—	—	1	1	2	5
28 Nephritis and nephrosis	—	—	—	—	—	—	3	—	—	3
29 Hyperplasia of prostate	—	—	—	—	—	—	—	1	3	4
30 Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—
31 Congenital malformations	4	—	—	—	—	1	—	—	—	—
32 Other defined and ill-defined diseases	18	1	—	1	1	2	16	10	38	87
33 Motor vehicle accidents	—	—	—	1	1	5	2	2	2	13
34 All other accidents ...	2	—	—	—	2	1	4	2	16	27
35 Suicide ...	—	—	—	—	—	2	9	3	—	14
36 Homicide and operations of war	—	—	—	—	—	—	1	—	—	1
TOTALS ...	40	3	3	4	8	34	249	298	504	1143

TABLE III

Cancer Deaths—Parts of the Body Affected

Parts Affected	under 35		35—45		45—55		55—65		65—75		75 and over		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Mouth and Throat	—	—	—	—	—	1	—	1	—	—	5	—	5	2
Gastro Intestinal ...	—	—	—	1	3	2	11	9	13	13	18	11	45	36
Genito Urinary ...	—	—	—	2	—	2	—	5	7	9	3	7	10	25
Breast ...	—	1	—	1	—	5	—	6	1	5	—	2	1	20
Bones ...	1	—	—	—	—	—	—	1	1	—	—	—	2	1
Glands ...	—	—	—	—	—	1	2	1	—	—	—	—	2	2
Thorax ...	—	—	—	3	2	3	14	2	18	2	6	—	40	10
Skin, etc. ...	—	—	—	1	1	1	—	—	1	—	—	2	2	4
Brain ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Site unspecified ...	—	—	—	—	—	—	1	1	1	1	2	—	4	2
TOTAL	1	1	—	8	6	15	28	26	42	30	34	22	111	102

TABLE IV

Seasonal Incidence of Deaths Under 1 Year

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
ALL CAUSES ...					
Influenza ...	—	—	—	—	—
Measles ...	—	—	—	—	—
Pneumonia (inc. Bronchiolitis) ..	4	4	—	5	13
Gastro-enteritis ...	1	—	—	—	1
Anaemia ...	—	—	—	1	1
Injury at Birth ...	—	—	—	—	—
Inattention at Birth ...	—	1	—	—	1
Atelectasis ...	—	—	—	—	—
Congenital Malformations ...	1	—	2	3	6
Premature Births ...	6	2	4	3	15
Atrophy, Debility & Marasmus	—	—	—	—	—
Suffocation & Asphyxia ...	—	—	—	—	—
Accident (Scalds) ...	—	—	—	1	1
Other Causes ...	—	—	1	1	2

TABLE V

Infant Mortality

Net deaths from stated causes at various ages under one year of age.

				Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks—3 months	3—6 months	6—9 months	9—12 months	Total Deaths under 1 year
All Causes	{	Certified	...	20	1	1	1	23	10	4	2	1	40
		Uncertified	...	—	—	—	—	—	—	—	—	—	—
Pneumonia	...	...	...	—	—	—	1	1	7	3	1	1	13
Gastro-enteritis	...	...	...	—	—	—	—	—	1	1	—	—	2
Congenital malformations,	...		...	4	—	—	—	4	2	—	—	—	6
Prematurity	...	...	...	14	1	—	—	15	—	—	—	—	15
Anaemia	...	...	...	1	—	—	—	1	—	—	—	—	1
Inattention at Birth	...	...	...	1	—	—	—	1	—	—	—	—	1
Subarachnoid Haemorrhage	...		...	—	—	1	—	1	—	—	—	—	1
Accident—Scalding	...	...	...	—	—	—	—	—	—	—	1	—	1
TOTAL				20	1	1	1	23	10	4	2	1	40

TABLE VI

Mortality among Children, 1-5 years and Children of School Age

Causes of Death		1	2	3	4	To't 1-5	5	6	7	8	9	10	11	12	13	14	To't 1-15
Pneumonia	... ..	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	2
Fibrocystic Disease	... ..	1	—	—	—	1	—	—	—	—	—	1	—	—	—	—	2
Leukaemia	... ..	—	—	1	—	1	—	1	—	—	—	—	—	—	—	—	2
Diabetic Ketosis	... ..	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Primary Encephalitis	..	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Acute Tracheo-Bronchitis	... ..	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	1
Accidents	... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Total		2	—	3	1	6	—	1	—	—	—	1	1	1	—	—	10

Commentary

Particular dissatisfaction is to be felt about the infant mortality figure for 1967, which at 28 deaths per 1,000 live births represents a regression on previous years. Questions about this were raised during the earlier part of the year as a result of the unsatisfactory returns for the first quarter and your Medical Officer of Health made a written report dated 29th June, 1967. In this he drew your attention to previous reports on the same subject in 1957 and 1958 and provided some figures for what had happened since then. The Tables included in his report are attached as follows, with the figures for 1967 added to them.

TABLE VII

		1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
England and Wales												
Infant Mortality	...	23	23	22	22	22	21	21	21	19	19	18
Darlington												
Infant Mortality	...	33	28	28	27	30	20	23	22	23	21	28
Neo-natal Death Rate	... ..	20	18	21	18	20	12	18	14	13	13	16
Stillbirth Rate	...	30	28	23	16	22	13	22	18	18	18	12

An examination of the details of the deaths of infants in 1967 shows that they fall into two main categories, those due to prematurity, congenital abnormalities incompatible with life and the hazards of childbirth on the one hand, and to respiratory infections on the other. A few unusual causes of death are to be recorded for the year, including 1 at two minutes old due to inattention at birth, in respect of which there was a Coroner's Inquest, 1 due to subarachnoid haemorrhage at two weeks, the further cause for which was unspecified, and 1 at eight months due to shock following scalds consequent to pulling a teapot into the pram, where also there was an Inquest. The death of another child aged eleven hours in Greenbank Maternity Hospital was certified as due to anaemia and your Medical Officer of Health has endeavoured to find more detailed information concerning this diagnosis. Except that it was in no way due to the incompatibility of maternal blood, the cause of the anaemia remained at time of writing obscure, but enquiries were continuing.

You will remember that in my earlier surveys of infant mortality ten years ago I paid particular attention to the neonatal causes of death from prematurity, etc., as these at that time were a fairly constant factor, while deaths due to respiratory infections had shown over the previous ten years a fairly steady decline. It is to be recorded that this decline has not continued and when figures are broken down, as in the following Table, it will appear that deaths from infections have shown an increase,

TABLE VIII

	'57	'58	'59	'60	'61	'62	'63	'64	'65	'66	'67	Total	%
Total infant deaths in Darlington	41	37	37	37	43	29	33	32	32	30	40	391	100
Deaths from respiratory infections	8	3	4	7	9	6	10	5	7	6	13	78	20
Deaths from gastro-enteritis	2	—	—	1	4	1	—	2	2	—	2	14	4
Deaths from other defined infections	3	1	—	1	2	2	—	—	—	1	—	10	3
Total deaths from all infections	13	4	4	9	15	9	10	7	9	7	15	102	26
% of total infant deaths	32	11	11	24	35	31	30	21	28	23	38	26	

It is also interesting to note where these deaths from infection occurred, 7 of them taking place at the Darlington Memorial Hospital and 8 of them at home. Moreover, among these deaths only 1 occurred in the neonatal period, i.e., within the first four weeks after birth. What is emerging very strongly from the evidence before you is the incidence of sudden death due to bronchiolitis, which, as its name implies, is an inflammatory condition of the smaller bronchial tubes known technically as bronchioles. Twelve of the 13 deaths due to respiratory infection were certified as arising from this condition and in 11 of them an Inquest was not subsequently held, as sufficient evidence that death was due to natural causes had come to light. What, however, the interest of the Coroner demonstrates is the suddenness with which these deaths occurred and in every case the child appeared to be well and happy within a few hours of his or her decease. Sudden deaths in childhood have, of course, presented an enigma for many years and various theories have been constructed to account for them. In several past years, for example, asphyxia and suffocation has appeared as a cause of death and one may wonder whether more careful investigation might have revealed bronchiolitis as the real cause. This, however, does not seem to be likely, since the deaths from asphyxia and suffocation were neo-natal, whereas the majority of the victims of bronchiolitis are over one month old. Enquiries to date have not revealed any outstanding features in the home circumstances of the patients concerned; their parents were not notably young and inexperienced, nor was their social background unsatisfactory or unstable. In this matter you are not, of course, faced with a problem peculiar to Darlington and the Consultant Pathologist, Dr. J. Tregillus, indicated when your Medical Officer of Health discussed the matter with him that the diagnosis of bronchiolitis, though supported by post mortem findings, may not in fact give a complete explanation for what is, whenever it is encountered, a puzzling phenomenon. Your Medical Officer of Health has asked

the Ministry of Health for any suggestions and help that might be offered, but at the time of writing no proposals for further enquiries were to hand.

With regard to neonatal deaths, of which there were 23 in all, 1 was due to injury or accident at birth, 15 to prematurity, 4 to congenital malformations and 3 to other causes, one of which was bronchiolitis as noted above.

At the time of his report in the summer your Medical Officer of Health made enquiries from colleagues who were Medical Officers of Health of authorities of similar status and size to obtain some comparable figures and it has to be recorded that Darlington has a much worse record in respect of infant mortality than for instance Cambridge or Northampton, though it is strictly comparable with figures from Carlisle and Warrington. These towns are mentioned because your Medical Officer of Health happened to communicate with his colleagues there. There does not appear to be any significant influence from the proportion of confinements in hospital, as statistics of both high and low infant mortality are to be found in authorities with relatively high and relatively low figures for maternal hospitalisation.

PART II

Prevalence and Control over Infectious Diseases

§ 1. GENERAL

With regard to the notification of infectious diseases from the community there is nothing of particular interest to note where 1967 was concerned. There were a large number of notified cases of measles though without any grave complications. As you will know, a programme for vaccination against measles is under consideration, though no advice from the Ministry of Health had been received to the end of the year with regard to any scheme by the local authority. Infective hepatitis remained, of course, a locally notifiable disease and 29 cases were notified, showing, however, no significant epidemiological features. As usual in this disease, except under epidemic conditions the cases were mainly isolated without obvious contact with other sufferers, which seems to confirm the widely held opinion that sub-clinical patients without recognisable symptoms are common within the community, these being able to infect others though without damage to themselves. Poliomyelitis, of course, when it was a problem presented similar features. Following the Table, I have ventured an analysis on the work carried out during the year on the infectious diseases beds at Hundens Unit. Though you are not responsible as a local health authority for this service it nevertheless provides information relating to the overall picture which you may find interesting.

TABLE IX

Incidence of Notifiable Infectious Diseases

DISEASE	Borough Cases		Cases removed to and Deaths in Hundens Hospital			
	Notified	Deaths	From Borough		From Rural and other Districts	
			Cases	Deaths	Cases	Deaths
Smallpox	—	—	—	—	—	—
Scarlet Fever	37	—	1	—	—	—
Diphtheria	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—
Puerperal Pyrexia	1	—	—	—	—	—
Pneumonia	5	—	4	—	2	1
Measles	972	—	5	—	2	—
Respiratory Tuberculosis	19	2	16	1	3	—
T.B. Meningitis	—	—	—	—	—	—
Other forms of Tuberculosis	—	—	—	—	2	—
Whooping Cough	47	—	2	—	—	—
Infective Encephalitis	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—
Dysentery	2	—	1	—	—	—
Food Poisoning	2	—	1	—	—	—
Infective Hepatitis	29	—	1	—	1	—
Para-Typhoid Fever	—	—	—	—	—	—
Totals ...	1114	2	31	1	10	1

Commentary

Though the part played by infectious diseases in the total pattern of morbidity is at present a small one, since their control has been in the past, and continues to be, so very much the primary concern of the Medical Officer of Health, the inclusion of an analysis on the work carried out in Ward 26 of Hundens Unit of the Darlington Memorial Hospital is suitable in this Annual Report, in spite of the fact that in his capacity as Consultant Physician for Infectious Diseases your Medical Officer of Health works as an officer of the Regional Hospital Board. From the Ward records, details concerning 152 patients admitted during 1967 have been extracted and an analysis of the findings shows how very small a proportion of them were suffering from notifiable infectious diseases. A brief classification is as follows :—

General infections :

Measles	...	...	...	...	...	...	8
Rubella	...	...	...	...	...	...	1
Chickenpox	...	...	...	...	...	...	4
Infective mononucleosis	...	...	...	...	...	...	4
Virus infections of influenzal type	...	...	...	...	...	...	10

Infections of the nervous system :

Herpes zoster	...	...	...	...	...	...	4
Virus meningitis	...	...	...	...	...	...	1

Diseases, infectious and otherwise, of the alimentary system :

Mumps	...	...	...	...	...	...	3
Vincent's angina	...	...	...	...	...	...	1
Infective hepatitis	...	...	...	...	...	...	2
Salmonellosis	...	...	...	...	...	...	5
Sonne dysentery	...	...	...	...	...	...	2
E. coli gastro-enteritis	...	...	...	...	...	...	1
Non-specific gastro-enteritis	...	...	...	...	...	...	24
Gastritis and functional degenerative disturbances	...	...	...	...	...	...	6

Diseases, infectious and otherwise, of the respiratory system :

Whooping cough	...	...	...	...	...	...	6
Pharyngitis and tonsillitis	...	...	...	...	...	...	14
Streptococcal throat infection (Not Scarlet fever)	...	...	...	...	...	...	4
Upper respiratory infections	...	...	...	...	...	...	8
Tracheitis	...	...	...	...	...	...	4
Bronchitis	...	...	...	...	...	...	10
Pneumonia	...	...	...	...	...	...	8

Other conditions :

Urticaria and allergy	...	...	...	...	...	...	2
Reaction to triple vaccine	...	...	...	...	...	...	1
Stevens-Johnson syndrome	...	...	...	...	...	...	1
Pyrexia of unknown origin	...	...	...	...	...	...	1
Otitis media	...	...	...	...	...	...	2
Sundry others	...	...	...	...	...	...	15

The age and sex distribution of these patients may also be of interest, as shown in the following Table.

TABLE X

	Under 1 month	1-6 months	6-12 months	1-5 years	School age	Adults	Over 70	Total
Males	3	16	8	23	9	17	3	79
Females	1	10	4	21	13	16	8	73
Total	4	26	12	44	22	33	11	152

One comment worth making is perhaps on the largest single group of defined illness, non-specific gastro-enteritis. The majority of these patients were babies and many of them were suffering from no more than a feeding disturbance. In infants, however, loss of water and electrolytes by vomiting and diarrhoea from any cause may quickly become dangerous and indeed a point of no return may be reached beyond which treatment is unavailing. Thus the early admission of any case of suspicious dehydration is welcome as a true example of secondary preventive medicine.

§ 2. TUBERCULOSIS AND MASS RADIOGRAPHY

Your Medical Officer of Health is again indebted to the Chest Physician, Dr. Gilbert Walker, for a comprehensive report on the work of this section of the department. Dr. Walker writes as follows :—

“There was no significant change in the arrangements for diseases of the chest in 1967. The number of notifications of respiratory tuberculosis was one more than last year at 19 and there was one notification of non-respiratory tuberculosis.

“The notification figures in recent years are given below :—

1961	...	35
1962	...	33
1963	...	35
1964	...	28
1965	...	26
1966	...	18
1967	...	19

“Of the 19 patients there were 12 over the age of 45 and of these 9 were men. Tubercle bacilli were isolated from 12 new cases during the year and this implies that these persons were infectious and therefore dangerous to family and other members of the public in contact with them for a variable time before diagnosis and isolation for treatment. Classification based on the effect of lung damage at the time of diagnosis of the sputum-positive cases showed that 3 were “early”, 4 were “moderately advanced” and 5 were “far advanced.”

“Comparison with figures for previous years indicates little, if any, change in the pattern of disease in new patients. The most notable feature has been the marked reduction of incidence in the younger age groups, particularly in young women, so that now the hard core of the tuberculosis problem lies in men of middle and old age.

“Facilities for diagnosis and treatment for in-patients and out-patients were always adequate throughout the year. The principles of treatment and the drugs in use were the same as in previous years.

“The consultant thoracic surgeon Mr. E. Hoffman held an out-patient session at the chest clinic every six weeks or so and was available for consultation on new patients and follow-up supervision of those who had undergone surgical treatment at Poole Hospital, Nunthorpe.

“The examination of contacts including chest radiography, skin testing and vaccination with B.C.G. in suitable cases was carried out either in the school clinic premises in Archer Street, or in the chest clinic.

“I should like to thank the staff of the Health Department for their customary help and co-operation in matters of mutual concern and also the Medical Officer of Health for his personal interest and assistance in problems affecting the welfare of persons suffering from respiratory disorders.”

The following paragraphs relate to the work of the chest service in Darlington in 1967.

Administration

The Darlington administrative area for the chest service comprises Darlington County Borough and the surrounding urban and rural districts of the counties of Durham and the North Riding of Yorkshire.

The medical staff comprises one consultant chest physician assisted on a sessional basis by the chest physicians of Poole Hospital, Nunthorpe, who undertake a regular weekly session in Darlington as well as cover for sickness and annual leave as required. The liaison on both medical and surgical sides with the staff of the thoracic unit at Poole Hospital has proved valuable in affording continuity of care to Darlington patients before, during and after hospital treatment.

The number of beds available to Darlington patients was the same as in previous years, but as the incidence of tuberculosis has declined a proportion of them was used for non-tuberculous conditions. The total numbers were :—

		Male	Female
Hundens Unit, Darlington	... ..	14	11
Friarage Hospital, Northallerton	... ..	10	—
Poole Hospital, Nunthorpe	... ..	As required	

Notifications

The following Table shows the age and sex distribution of patients notified in 1967 :—

TABLE XI

		0-4	5-14	15-24	25-34	35-44	45-54	55-65	Over 65	Total
Respiratory	M.	1	1	—	—	3	3	3	3	14
	F.	—	—	1	—	1	3	—	—	5
Non-respiratory	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	1	—	—	—	—	1

Deaths

There were 2 deaths from respiratory tuberculosis compared with 5 in 1966, 3 in 1965, 7 in 1964 and 8 in 1963. There were no deaths from non-respiratory tuberculosis.

Age and Sex Incidence

The age and sex incidence of new cases of respiratory tuberculosis seen at the clinic is given in the following Table, the figures in brackets being the corresponding figures for 1966.

TABLE XII

	15—25	—45	—65	65+	Total
Male	— (1)	3 (4)	6 (4)	3 (2)	12 (11)
Female	1 (4)	2 (—)	1 (—)	— (1)	4 (5)
Children	—	—	—	—	2 (1)
Total	1 (4)	5 (4)	7 (4)	3 (3)	18 (17)

B.C.G. Vaccination at Contact Clinic

The contact clinic organised by the local health authority was used for the examination and tuberculin testing of child contacts. Children found to be tuberculin positive were referred to the Mass Radiography Unit along with all adult contacts of known cases of tuberculosis. Tuberculin negative children were offered B.C.G. vaccination. In all, 75 new contacts were tuberculin tested and 72 vaccinated with B.C.G. including 21 babies who were vaccinated without the preliminary skin test.

Mass Radiography

The Middlesbrough Mass Radiography Unit continued to visit Darlington, the arrangements being made as in previous years between the Secretary, Mr. J. J. Walsh, and the Health Department, the latter undertaking to notify medical practitioners and to organise publicity.

TABLE XIII

Number of PERSONS X-rayed showing the number referred to Chest Clinics for Large Films and/or Clinical Examinations and the Abnormalities discovered.

Examinee Group	Miniature Films taken	To Chest Clinic	PULMONARY TUBERCULOSIS			NON-TUBERCULOUS ABNORMALITIES						Failed to attend Clinic	Still under investigation
			Requiring treatment	Requiring supervision	Healed no further action	Pleural abnormalities	Bronchitis and Bronchiectasis	Pneumonia	Cardiac abnormalities	Malignant Neoplasm	Misc.		
Public Sessions	M 1286	21	3	1	1	2	3	2	—	6	3	—	—
	... F 1234	9	—	—	—	3	4	1	1	—	—	—	—
Factory Surveys	M 1528	6	2	—	—	2	1	—	—	—	—	1	—
	... F 822	2	—	1	—	1	—	—	—	—	—	—	—
Others	M 2	—	—	—	—	—	—	—	—	—	—	—	—
	... F 113	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	4985	38	5	2	1	8	8	3	1	6	3	1	—

Patients on the Register

On 31st December, 1967, there were 127 Darlington patients on the Chest Clinic register compared with 139 in 1966, 150 in 1965 and 186 in 1964, suffering from respiratory tuberculosis.

There were 46 respiratory patients removed from the register as "recovered."

The following Table shows the age and sex distribution together with the classification into sputum negative (A) and sputum positive (B) and also the extent of the disease namely (1) early (2) moderately advanced and (3) advanced.

TABLE XIV

Age Group	A. 1.		A. 2.		A. 3.		B. 1.		B. 2.		B. 3.		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
„ 15 ...	1	1	—	—	—	—	—	—	—	—	—	—	1	1
„ 45 ...	12	7	—	—	—	—	6	5	7	6	3	3	28	21
„ 65 ...	6	1	2	—	1	—	7	4	11	5	12	5	39	15
Over 65 ...	1	—	2	—	—	—	3	—	6	6	4	—	16	6
Totals ...	20	9	4	—	1	—	16	9	24	17	19	8	84	43

B.C.G. Vaccination for School Children

The following Table XV contains the statistical information relating to the B.C.G. programme carried out in 1967, when school children born in 1955 and up to 31st August, 1956, were skin tested to ascertain whether they required B.C.G. vaccination. As stated in a previous Report it is the intention to eventually reduce the age at which the children are skin tested to 10 years and this will be partly achieved in 1968 and should be completely so in 1969. This is to conform with the recommendations of the Ministry of Health.

In addition B.C.G. vaccination continues to be offered to students of the Darlington College of Education and the College of Technology, but as will be seen from the Table, very few students avail themselves of the opportunity, probably due to the fact that most of them will have done so during their school life.

B.C.G. VACCINATION STATISTICS, 1967

(a) Children born in 1955 and 1956 (b) Students of College of Education

School	Forms returned by parents		Consentors %	Number Skin Tested	Positive Reactors		Negative Reactors			
	Consents	Refusals			No.	%	X-rayed	No.	%	Vaccinated
(a)	Abbey Juniors	77	17	77	4	5.2	—	73	94.8	73
	Alderman Leach Juniors	93	19	91	23	25.3	17	68	74.7	68
	Borough Road Primary	22	11	22	4	18.2	3	18	81.8	18
	Cockerton Primary	14	2	14	—	—	—	14	100.0	14
	Corporation Rd. Juniors	45	12	44	5	11.4	5	39	88.6	38
	Dodmire Juniors	115	15	114	19	16.7	13	95	83.3	95
	Eastbourne Primary	55	10	55	2	3.6	—	53	96.4	53
	Firthmoor Primary	47	3	47	5	10.5	2	42	89.5	41
	Glebe	7	2	6	—	—	—	6	100.0	6
	Gurney Pease	14	1	14	5	35.7	3	9	64.3	9
	Harrowgate Hill Juniors	66	9	65	15	23.7	14	49	75.3	49
	Haughton Primary	34	2	34	4	11.8	2	30	88.2	30
	Holy Family Primary	36	7	36	1	2.9	1	34	97.1	34
	North Road Primary	19	6	19	4	21.0	2	15	79.0	15
	Polam Hall	18	5	18	4	22.3	3	14	77.7	14
	Reid Street Primary	63	7	63	1	1.6	1	62	98.4	60
	Rise Carr Primary	23	2	23	5	21.7	3	18	78.3	18
(b)	Skerne Park Juniors	50	6	50	10	20.0	5	40	80.0	40
	Springfield Primary	44	4	44	7	16.0	2	37	84.0	35
	St. Augustine's Primary	35	2	35	2	5.7	2	33	94.3	33
	St. John's Primary	29	2	29	5	17.2	4	24	82.8	23
	St. Teresa's Primary	29	5	29	2	6.9	1	27	93.1	27
	St. William's Primary	29	4	29	9	31.0	6	20	69.0	20
TOTALS				958	136	14.3	89	821	85.7	814
(b) College of Education				14	9	64.5	—	5	35.5	5

§ 3. VENEREAL DISEASES

You are again indebted to Dr. Edward Campbell, the Consultant Venereologist to Darlington and Tees-side for the following information with regard to the incidence of these infections. Dr. Campbell has offered no commentary on his figures for 1967 and your Medical Officer of Health has nothing to add to what he has said in previous Reports.

	Total Number of patients		Syphilis	Gonorrhoea	Others
For the whole area	1,490	(1,411)	15 (33)	485 (437)	990 (941)
For Darlington	129	(68)	1 (2)	44 (13)	84 (53)

(1966 figures in brackets)

PART III

National Health Service Act, 1946**§ 1. HEALTH CENTRES (Section 21)**

At the time of the National Health Service Act in 1946 there was an expectation that health centres to provide combined general practitioner and local health authority services would become a prominent feature of the new health service. At the time, however, there was a widespread disinclination on the part of general practitioners to participate in any such scheme and only a few were built, some of which remained for a long time exclusively used by the personal health services of the local health authority concerned. Gradually, however, a change of attitude on the part of practitioners developed and within the last few years the wind of change in this respect has become if not a hurricane at least a strong breeze. All over the country health centres along the lines envisaged have been and are coming into existence and in 1967 you decided that Darlington should join in the general trend. It was known moreover that a number of practitioners were interested in making use of health centres if they could be sited conveniently for their purposes and though at the end of the year no firm project was under way loan sanction was to be requested for the provision of a health centre in the financial year 1968-69 and for another in the year following.

The first centre was proposed for Corporation Road on the site of the Methodist Church and schoolroom premises which were no longer in use for their original religious purpose and as you will remember the Corporation Road schoolrooms were in their time used as one of your infant welfare centres. From an overall point of view this central site would be ideal for the purpose in mind and your Medical Officer of Health would like to express a hope that it will not be too long before it comes into operation. The second centre was envisaged in the south-eastern sector of the town, where again local general practitioners would be anxious to use it provided agreement was found as to the exact siting.

§ 2. CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)**(a) Normal Mothers and Children**

There is nothing more to add for 1967 under this heading over and above what has been stated in previous years, how the clinics provided by you for the ante-natal preparation of expectant mothers and the over-sight of children continue to fulfil a widespread demand, as shown by the good attendances recorded at them. Once again one must deplore the unsuitable nature of so many of the premises used, while continuing to express our gratitude to the parties concerned for allowing your department to use buildings originally

intended and still mainly devoted to other purposes. Prospects bound up with the provision of health centres offer something very much better for the future for local health authority services, but it looks as though your department will need to continue to cope in sub-standard circumstances for a good many years to come. The times and places of the clinics during the year were as follows :—

Midwives Ante-natal Clinics

Wednesday	2 p.m.	Albert Road School House
	2 p.m.	Greenbank Maternity Hospital
Thursday	2 p.m.	Skerne Park Health Centre
Friday	2 p.m.	Eastbourne Nursery School

Infant Welfare Clinics

Monday	10 a.m. and 2 p.m.	Thompson Street Methodist School Room
	10 a.m. and 2 p.m.	Corporation Road Baptist School Room
Tuesday	10 a.m. and 2 p.m.	Albert Road School House
	10 a.m. and 2 p.m.	Geneva Road Baptist School Room
Wednesday	10 a.m. and 2 p.m.	Eastbourne Nursery School
	10 a.m. and 2 p.m.	Skerne Park Health Centre
Thursday	10 a.m. and 2 p.m.	Coniscliffe Road Methodist School Room
	2 p.m.	Cockerton Methodist School Room
Friday	10 a.m. and 2 p.m.	Cockerton Methodist School Room
	2 p.m.	Springfield Health Centre

Relaxation and Mothercraft Clinics

Thursday	2 p.m.	Eastbourne Nursery School
Friday	2 p.m.	Albert Road School House

(b) Care of Premature Infants

The number of premature births at home was 6 and they were all nursed at home and all survived to the end of a month. Like births in general in the town, the majority of premature births took place in Greenbank Maternity Hospital, of which the total number was 86, and of these 14 died during the first twenty-eight days, leaving 72 surviving at the end of a month.

(c) Risk Register

Your Medical Officer of Health is indebted to his Deputy, Dr. W. Mary Markham, for the following report on the Risk Register.

“ During the year 263 names were put on the “At Risk” register. This total included 22 babies with congenital malformations, of which 19 were noted at birth and reported to the General Register Office. The major malformations were as follows: multiple in 6 cases, anencephaly 3, talipes 3, cardiac anomaly 2, pilonidal sinus 2, and 1 each of exomphalos, tracheo-oesophageal fistula, duodenal atresia, cleft palate, umbilical hernia and hernia of the linea alba. Six of these babies were either stillborn or died shortly after birth. As in previous years notification on the birth notice initiated interest in babies “at risk” and further details were supplied in the copy received in the Health Department, of the letter to the family doctor on the patient’s discharge from the maternity hospital. Probably more names are included on the register than is really necessary, but it is found that very few need to be added at a later date. Only in the case of children who are obviously abnormal are the parents aware that any particular interest is being taken and by the age of two years it is clear that the majority are developing normally.

“ At the age of two years children who are severely handicapped by poor sight or hearing become eligible for special training within the educational system. It is therefore important that such disabilities should have been ascertained by then. Earlier diagnosis is, of course, necessary so that appropriate advice and support can be given to the parents. Medical and surgical treatment for all congenital disorders is usually initiated early and followed up regularly in the specialist hospital service. As, however, these services are not available in Darlington, visits to Newcastle, Stockton, Shotley Bridge, London and other centres must be at the longest possible intervals. Most parents conscientiously fulfil their obligations in this way, but there are others who tire and lose heart where prolonged observation or treatment is necessary. Medical officers and health visitors in the clinics and at home visits can give support and encouragement and often solve the day-to-day problems which arise in the care of a handicapped child. In order to do this full co-operation with the hospital services is essential. In many cases consultants provide the necessary details of their treatment and advice by sending copies of their letters to the family doctor or by direct approach.

“ A review of children put on the register in 1965 has been carried out. Parents are invited to bring every child to a clinic for a routine medical examination at two years of age. Those on the register are then assessed with regard to their future needs. As attendance at clinics is voluntary, the review can never be complete. Health visitors keep in touch with parents who do not attend, but in 90 cases no medical examination was possible. All these children have been retained on the register and will be reviewed at five years of age when they enter school.

“ The following result was obtained :—

Taken off register

Within normal limits	105
Left town	59
Died	19
Not traced	9

Retained on register after examination

Slow progress	19
Small prematures	9
Congenital malformation	6
Cardiac murmur—undiagnosed	6
Poor home care	4
Eczema	3
Haemolytic disease	2
Spastic	2
Epilepsy	2

“ Those who are retained on the register are reviewed at intervals according to their needs and until their educational prospects have been determined.”

(d) Supply of Dried Milks, etc.

Arrangements continued under this heading as in previous years, with the Health Department discharging a function previously undertaken by the Ministry of Food and as in previous years involving your department in certain extra responsibilities which might be regarded as strictly speaking *ultra vires* but are now so well established that we all take them for granted. The lack of appropriate storage accommodation at the Archer Street headquarters of your department is still a cause of consternation, where persons awaiting dental treatment under the School Health Service or your own must needs sit amid packages of Delrosa and other salutary substances for which no other accommodation is available. However, as with so much else, the best is made of difficult conditions and a service provided that appears to be satisfactory to its users.

(e) Dental Care

The difficulty remarked upon in previous Annual Reports of understanding why so small a use is made of facilities of dental care for expectant and nursing mothers and for pre-school children continues. It is true that no drive has been undertaken to advertise this service owing to the fact that the dental officers are fully extended in dealing with the school dental service, where even so demands particularly for dental health education cannot be met through lack of available man hours. The figures in respect of maternal and child welfare dental care are as follows :—

Expectant and Nursing Mothers	9
Children under 5 years	157

(f) **Care of Unmarried Mothers and their Children**

Financial support by the Corporation of St. Agnes' Home, 45 Duke Street, has continued as described in previous Annual Reports and the following figures relate to the work done during 1967:—

Indoor Work—Total number of residents was 39, consisting of :

(1) Unmarried mothers	33
(2) Married women with illegitimate babies ...	1
(3) Temporary residents	5
Girls who kept babies	12
Adoptions	18

(From the 39 residents, 1 was a Darlington girl)

For a long time your policy has been to regard the subscription you make to St. Agnes' Home as a sufficient effort towards the needs of the mothers of illegitimately conceived children in Darlington. From time to time requests have come from moral welfare societies for monetary support for the maintenance of women whose home address was in Darlington and who for understandable reasons wished to spend the period covering their confinement elsewhere than in their native town. Since, however, it would have been possible for them to have been accommodated at St. Agnes' Home you were inclined to say that no special action should be taken on their behalf. This year you decided to modify this attitude and to accept financial responsibility for reasonable charges on behalf of Darlington inhabitants accommodated outside the town. The decision to accept such commitment was left with your Medical Officer of Health with an obligation to report to you subsequently and to bring to your notice any unusual circumstances where perhaps excessive expense might be incurred.

The Darlington and District Moral Welfare Social Committee and their social worker Mrs. S. L. Muir, continued to function during the year with their excellent work.

§ 3. DOMICILIARY MIDWIFERY (Section 23)

The time is not as yet ripe to describe changes in the pattern of midwifery training which in turn reflect the change of fashion in the place of confinement, but during 1967 the Central Midwives' Board was actively bringing this matter under review and some consideration was given in the department towards developments in keeping with the times. What your Medical Officer of Health envisages is the possibility of one midwifery service in the town for hospital and domiciliary confinements. Unfortunately at the present time there is a legal impediment against domiciliary midwives conducting confinements in hospital and though certain authorities by

local Acts of Parliament have overcome it, at the present time no exemption exists where Darlington is concerned. It is certain that the trend towards confinement in hospital continues with the average expectant mother preferring it because she feels safer there. In Darlington this feeling may be the more justified because there is not a flying squad available for obstetric emergencies in the home. At the same time, the responsibility of the domiciliary midwife remains very considerable since the length of time lying-in mothers are confined in hospital is becoming ever shorter and hence many return home when they are still in need of daily visits from a midwife. During 1967 there were, for instance, 476 hospital discharges within the first fourteen days and it has to be confessed that there was some lack of liaison between the hospital and your department in this connection. It is somewhat frustrating for a midwife to have the after-care of a patient whom she has not in fact confined and the creation of one service whereby all midwives should do duty in turn inside and outside of hospital would equalise matters in this respect. The time is not yet opportune to say anything further than this, except to note that the Secretary of the Darlington Hospital Management Committee is aware of what is in the wind.

As you know, your authority provides a training school for pupil midwives, which to all intents and purposes has gone into liquidation, all students during 1967, of whom there were 12 who completed the course, being supplied through the hospital training school. With this in view it might seem appropriate to determine the school altogether, though continuing to supply the domiciliary part of the training to hospital students. This would mean that the hospital would appoint the lecturers, though undoubtedly the same people would continue in their posts as at present.

The work of the midwives during the year is summarised as follows :—

TABLE XVI

Gas and Air Analgesia

	1963	1964	1965	1966	1967
Number of patients using it ...	204	216	171	164	108
Percentages of total domiciliary confinements	72	78	77	74	63

Pethidine

Number of patients using it ...	147	149	111	92	63
Percentage of total domiciliary confinements	52	54	50	42	37

Total domiciliary confinements ...	284	277	222	221	171
---	------------	------------	------------	------------	------------

TABLE XVII

			Cases attended as Midwives	Cases attended as Maternity Nurses
1958	...	...	253	22
1959	...	...	255	27
1960	...	...	288	23
1961	...	...	297	29
1962	...	...	294	33
1963	...	...	258	26
1964	...	...	244	33
1965	...	...	205	17
1966	...	...	206	15
1967	...	...	159	12

§ 4. HEALTH VISITING (Section 24)

Under this heading it will be appropriate to comment on a considerable development in the sphere of general practice, which was recorded for the first time in 1967. This relates to the attachment of health visitors and is closely associated with the development of the group-practice principle. Hitherto, though practitioners have frequently and ever more often as the years have passed worked in partnership together, the concept of the group-practice has undergone further evolution in quite recent years and is becoming more and more associated with the idea of working in and from health centres. The establishment of health centres in Darlington is dealt with in this Report on page 29, but the two strands are closely bound up together, as is also the concept of attachment of a district nurse. The first group-practice to make a positive step towards attachment was one which has built its own equivalent of a health centre by private enterprise and the close natural association of the various ideas is illustrated by this fact.

A brief historical sketch may be of interest, beginning in June when Dr. Rosin, one of the partners in the firm concerned, wrote requesting the attachment of a district nurse to the proposed group-practice. A meeting was held in July at the Darlington Memorial Hospital between Dr. Rosin and his four partners on the one side, and your Medical Officer of Health, his Deputy and your Superintendent Health Visitor and Superintendent of the home nursing service on the other, and it very quickly emerged that while a district nurse would be undoubtedly of the greatest possible help towards the maximum efficiency of the practice the primary need seemed to be more for a health visitor and arrangements were made to second one of your staff for that purpose. The choice fell on Mrs. J. M. Preston, who spent a day in Newcastle upon Tyne at a centre not supplied by the local health authority where health visitor attachment had been in practice for some years. This gave her an insight into what the actual scope of such activity would mean. Following this, in October, Miss Winch and Mrs. Preston met the five partners at their new centre at "Moorlands" and Mrs. Preston was seconded to work from the Surgery. It was then discovered that the case load was too

much for one health visitor alone to handle and Mrs. D. G. Glanfield was seconded also, with effect from 1st December. On the same date the doctors started their own child welfare clinic, which was very welcome from the point of view of the Health Department since facilities for child welfare in the Cockerton area are strained beyond capacity. Also, before the end of the year Dr. Morrison requested the attachment of a health visitor and Miss Winch and Miss D. Smith visited Dr. Morrison to discuss with him and Dr. Mather the scope of the work proposed, the result of which was that Miss Smith was attached for work in the north end of the town only.

These schemes had been running for too short a time at the end of the year to permit any review of what had been achieved, but your Medical Officer of Health gained the impression from discussing matters with Dr. Rosin that he was extremely satisfied with the arrangement so far. It is hoped that it will be possible to report much more fully next year. An interesting point to observe in passing is that the great argument against attachment in the past has always been the wide distribution of patients from all practices throughout the town and it may be that this will prove an unfounded objection or there may be a trend with the development of group-practices for patients to opt for the doctors in their own part of the town.

While your Medical Officer of Health strongly approves the principle of attachment and is sure that the way ahead lies along these lines, something may be lost from the disappearance of the old idea of a health visitor being responsible for all the relevant problems within a particular district. So long as the pattern of need remains similar to that of past years it will be impossible to attach all health visitors to practitioners since a certain number will need to stand aside to continue to attend your own clinics and also to take part in the school health service.

During 1967 the work of the Health Visitors is summarised as follows :—

TABLE XVIII

Work of Health Visitors			Total cases
Children born in 1967 ...	...	...	1414
Children born in 1966 ...	...	...	1364
Children born in 1962-65 ...	...	...	4974
Other classes ...	...	...	1808
Tuberculous households ...	...	...	137
			9697

§ 5. HOME NURSING (Section 25)

The report under this heading for 1967 follows quite naturally as a sequel to what was said for 1966, and the year showed further

development, particularly in one most important feature, which is indicated below. As you will know, you are affiliated to the Queen's Institute of District Nursing and this implies that the Certificate of the Institute should be held by your nursing personnel and that the standard set by the Institute should be maintained whether the actual certificate is held or not. Notice has been given that the Institute will cease to function as a certificating body in 1968 and it was therefore suggested that if Darlington wished to remain as a teaching authority your status vis à vis the Institute itself should be safeguarded and then application made to the Ministry of Health to continue in the future. It appeared that although your Superintendent, Miss C. Beckett, was recognised as a teacher in the days when your district nurses were administered on an agency basis by the Darlington Queen's Nurses' Association, this recognition had lapsed when Miss Beckett became your non-medical supervisor of midwives and was attached directly to the Health Department. Application was therefore made to the Institute for re-recognition of Miss Beckett, which was duly given. It was also apparent that 8 out of the 12 state registered nurses had not in fact taken the Certificate of the Institute, though they were eligible to do so and negotiations were begun to remedy this defect. The training course consists of an intensive block course at a recognised centre with a further three months' practical tuition on the district. As Miss Beckett was competent to act as tutor, the second part presented no difficulty since your nurses would continue to function in their ordinary capacity with some extra study and discussions to qualify them for the Certificate. It is obviously uneconomic to hold block courses in numerous centres and the closest to Darlington where such a course was held was the County Borough of Middlesbrough. You gave approval that training facilities at Middlesbrough should be explored and accepted the incidental expense, and arrangements were made to train three students before the end of the year. It was possible to release the nurses for their studies in Middlesbrough without the need to recruit additional part-time help.

At the end of the year the question of Darlington continuing as a training school for the second part of the course remained uncertain and also the merging of Middlesbrough into Greater Teesside raised some temporary complications with regard to the further training of eligible nurses. It is hoped to continue this chapter in our next.

Even more significant than this was the first attachment of a district nurse to a group practice in the town. This did not actually come to fruition before the end of 1967 since the further training of the allocated nurse, Mrs. A. Pottage, interfered with the project until the very end of the year. As you will know, two large and respected practices merged in 1967 to operate from an appropriately adapted centre and with the hope of attachment of both a health visitor and a district nurse. As an intermediate report it is possible to say that the scheme has proved extremely useful to all concerned and in respect of the district nurse a good deal of hitherto unsuspected need for her services has come to light, though it is quite

likely that as this pattern of service extends you will be asked to increase your establishment, but since your aim is to give a hundred per cent perfect service there does not seem to be much option in the matter.

The following Table shows the work carried out, compared as in previous Reports with two earlier years.

TABLE XIX
Analysis of Patients and Visits Paid, 1949, 1954 and 1967

	Under 5			5-25			25-45		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
1949	55	562	10	78	818	10	132	1,745	13
1954	11	86	8	52	1,028	20	189	3,397	18
1967	4	112	28	31	1,043	33	63	1,476	23

	45-65			Over 65			Total		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
1949	286	7,625	27	545	18,803	35	1,096	29,553	27
1954	319	8,933	28	690	23,319	34	1,261	36,763	29
1967	198	6,332	32	701	21,564	31	997	30,527	31

(1) = Number of patients.

(2) = Number of visits paid.

(3) = Average number of visits per patient.

§ 6. VACCINATION AND IMMUNISATION (Section 26)

During 1967 there were no new developments in the field of vaccination and immunisation and work was maintained at the level of previous years as shown by the following Tables. Apart from constant propaganda at the baby clinics, where the programme of immunisation with triple vaccine, against poliomyelitis and against smallpox is as far as possible made a routine, and with reminders by means of birthday cards, no special drive towards bettering the local statistics was launched. The question of vaccination against measles remained in abeyance as far as the Health Department was concerned, though practitioners were able to obtain such vaccine by means of Form E.C. 10 and administer it privately on request. The hesitation about putting the matter in the hands of the local health authorities as with other established forms of vaccination and immunisation was probably due to some uncertainty as to what was the most effective kind of vaccine to give. Though measles is usually a mild disease without dangerous sequelae, complications are not unknown, including the potentially dangerous encephalitis, and your Medical Officer

of Health is of the opinion that when the approved vaccine is available it should be recommended with all reasonable enthusiasm.

The following tables show the situation as at present in Darlington.

TABLE XX

Vaccination of Persons under age 16 completed during 1967

Completed Primary Courses

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1967	1966	1965	1964	1960-63		
1. Diphtheria/Tetanus/Pertussis/ Poliomyelitis	—	—	—	—	—	—	—
2. Diphtheria/Tetanus/Pertussis ..	597	561	40	18	29	2	1247
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	3	—	1	7	1	12
5. Diphtheria	—	—	—	—	—	—	—
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	—	—	3	3
8. Poliomyelitis (Sabin)	256	787	75	25	142	89	1374
Total Lines 1, 2, 3, 4, 5 (Diphtheria)	597	564	40	19	36	3	1259
Total Lines 1, 2, 3, 6 (Whooping cough)	597	561	40	18	29	2	1247
Total Lines 1, 2, 4, 7 (Tetanus)	597	564	40	19	36	6	1262
Total Lines 1 and 8 (Polio) ...	256	787	75	25	142	89	1374

Reinforcing Doses

	1967	1966	1965	1964	1960-63	Others under age 16	Total
1. Diphtheria/Tetanus/Pertussis/ Poliomyelitis	—	—	—	—	—	—	—
2. Diphtheria/Tetanus/Pertussis ..	—	17	677	174	762	8	1638
3. Diphtheria/Pertussis	—	—	—	—	—	1	1
4. Diphtheria/Tetanus	—	—	11	4	32	5	52
5. Diphtheria	—	—	—	—	—	—	—
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	1	—	2	4	7
8. Poliomyelitis (Sabin)	—	23	58	11	953	17	1062
Total Lines 1, 2, 3, 4, 5 (Diphtheria)	—	17	688	178	794	14	1691
Total Lines 1, 2, 3, 6 (Whooping Cough)	—	17	677	174	762	9	1639
Total Lines 1, 2, 4, 7 (Tetanus) ...	—	17	689	178	796	17	1697
Total Lines 1 and 8 (Polio) ...	—	23	58	11	953	17	1062

TABLE XXI
Vaccination against Smallpox

		Age at Date of Vaccination					Total
		under 1	1	2-4	5-15	over 15	
Health Department	Vaccinated	77	472	43	30	43	665
	Re-vaccinated	—	—	3	14	63	80
General Practitioners	Vaccinated	46	34	16	7	38	141
	Re-vaccinated	—	—	1	16	65	82
Totals		123	506	63	67	209	968

Inoculations against Tropical Diseases

Facilities for the protective inoculations recommended to those travelling abroad, which were first made available at the Health Department in January, 1950, have been continued.

In all, 73 inoculations were given, details of which are as follows:

Typhoid and Paratyphoid (T.A.B.)	...	...	...	23
Cholera	...	...	...	42
Tetanus (T.T.)	...	...	...	6
Typhus	...	...	...	2

Yellow Fever inoculations are obtained by appointment at the Health Department, Middlesbrough.

§ 7. AMBULANCE SERVICE (Section 27)

This service is administered as an agency on behalf of the Health Committee by the Fire Department. The patients carried and mileage covered during the past 10 years are as follows :—

			Number of Patients	Mileage
1958	...	...	28,135	132,558
1959	...	...	27,543	138,036
1960	...	...	29,503	137,558
1961	...	...	30,264	141,457
1962	...	...	31,498	138,023
1963	...	...	33,250	148,253
1964	...	...	31,705	151,593
1965	...	...	34,756	156,867
1966	...	...	34,931	156,979
1967	...	...	35,004	186,684

As will be seen from a study of the number of patients conveyed and the mileage covered during the last 10 years, while the former shows no very considerable increase the latter reveals a quite steady rise, which would seem to show that patients from the remoter parts of the hospital area are making more use of the amenities of the

Darlington hospitals. This, of course, is in accordance with modern hospital theory, which in the words of Dr. R. H. M. Stewart, Senior Administrative Medical Officer of Newcastle Regional Hospital Board, regards the hospital not as a place where patients are admitted and put to bed, but as a centre where investigations are made and treatment prescribed, the latter often to be carried out at home. A universal application of this principle would, of course, mean a very considerable review of the whole National Health Service and not of the ambulance section alone. Meanwhile, your Medical Officer of Health cannot refrain from expressing once more what has been his constant opinion since the initiation of the National Health Service, that the ambulance section should be administered by the hospital and not by the local health authority. This is perhaps more obvious in Darlington than in some other places because of the already existing agency arrangement with the fire service, but the organisation of a means of transport, even when the cargo consists of ill people, has no connection with preventive or social medicine and since the hospital is the largest user of the service then surely it should be within the hospitals' administrative orbit.

§ 8. PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 28)

Your one statutory obligation in respect of care and after-care is with regard to the tuberculous and at the present time this is discharged by the Darlington Care Committee acting as your agent. As you will remember from previous Reports, the work of the Care Committee in so far as it is specifically concerned with tuberculosis has consistently waned, so that while this disease still remains a problem that cannot be ignored, its relative position as a cause of illness and death is immensely less than it used to be even twenty years in the past. You will remember how the scope of the Care Committee was widened to include in the first instance diseases of the chest other than tuberculosis, and then in 1966 it was to see whether some association might take place with other organisations catering for chronic illnesses and handicaps such as poliomyelitis and spastic paraplegia. An approach was made to these societies, but no positive advance took place as a result. On the other hand, there are many handicapped persons in society who have no organisation devoted to their particular welfare, as for instance sufferers from arthritis deformans in its various forms, which is a considerable disability among many elderly people. It was therefore decided at the Annual General Meeting of the Care Committee in 1967 to invite practitioners and consultants to name patients suffering from this disorder who in their opinion would benefit from regular visiting and who might on occasions be helped in kind, and these would be added to its list of clients. Some names came to light which were added to the lists of the ward visitors, but on the whole response was poor and it may be that at the next General Meeting of the Care Committee a decision will be reached to determine it. This would be without prejudice to the patients already receiving help as the Health

Committee would require to accept the discharge of its statutory duty in respect of the tuberculous and would doubtless extend its benevolent interest to those suffering from other disabilities. When however, circumstances relative to a particular disease, in this case tuberculosis, have changed so immensely in recent years, there is no advantage to be gained in maintaining old-fashioned machinery when it is no longer needed in its original form.

Chiropody

There is no doubt whatever that the chiropody service which you supply is of the utmost value to its recipients and the demand made upon it continues to increase. The disorders treated, such as corns, callosities and deformities of the feet, are not in themselves injurious to life, nor are some of them particularly severe, but nevertheless, like disorders of the teeth, they can cause a great deal of pain and inconvenience particularly among the old, where lack of mobility so often leads to isolation from society and hence the misery of loneliness. Your Medical Officer of Health had some thought of making a detailed analysis of the chiropody service for this Annual Report, but having considered the information to hand he does not think that any particular advantage would be served by the inclusion of another extensive Table and submits, therefore, a summary of the work carried out in the same form as last year.

TABLE XXII
CHIROPODY, 1967

Classification	Surgery		Domiciliary		Total
	Male	Female	Male	Female	
Expectant and Nursing Mothers	—	—	—	—	—
Handicapped Persons (under pensionable age)	7	9	5	5	26
Persons of Pensionable Age	280	1340	98	298	2016
Total	287	1349	103	303	2042

No. of Treatments given :—

Surgery	...	...	...	8,948
Domiciliary	...	...	...	2,844
Total	...	...	...	11,792

Cervical Cytology Service

Your Deputy Medical Officer of Health, Dr. W. Mary Markham, has submitted the following observations on the work of this clinic. Your attention is particularly directed to the last paragraph, which indicates a side-effect of the service which may be of very great value to women who are not suffering from the more serious condition

for which search is being made but who nevertheless may have a good deal of minor disability from whose correction they would greatly benefit, though on their own initiative they might never apply for treatment. An analogy exists here with the chiropody service mentioned in the previous paragraph.

"This service continued with two sessions a week until August, when owing to the resignation of Dr. Hannah Newman it had to be reduced to one a week. The demand also reduced considerably in the second half of the year so that the waiting time for appointments became quite short. Sessions were held either at the Skerne Park or Springfield Clinic and on Tuesday or Thursday afternoon. This has provided a reasonable choice of time and place to suit the convenience of applicants.

"A total of 1,416 smears were taken and sent for examination at the hospital laboratory. For various reasons 10 repeats were necessary. In 9 cases a positive report was recorded. The age of these individuals was as follows :—

33 years, 34 years, 35 years, 37 years, 39 years, 42 years,
45 years, 53 years and 57 years.

"In 4 cases the cervix was abnormal in appearance and the patient had been advised to seek treatment on the appearance alone. Two women had had only one child, two had two, one had three, three had four, five, or eight. In each case hysterectomy was performed and subsequent histological examination indicated that the carcinomatous tissue had been completely removed.

"As in previous years many women were found to have minor or in a few cases major gynaecological disorders. A total of 253 were referred to their family doctors who in turn referred a high proportion to the gynaecologists."

Your Medical Officer of Health would like to add these remarks to those of Dr. Markham. A certain falling off of attendances at clinics arranged for cervical cytology has been marked throughout the country generally and this is characteristic of many attempts at influencing human behaviour when an initial return is made by those who are really interested and then when the enthusiasts have been satisfied interest evaporates. One critique of cervical cytology needs to be borne in mind and that is that we are dealing here with only a very small section of the total problem of cancer. Admittedly so large a menace may only admit of piecemeal treatment and a small beginning is better than nothing, but it may well be that an awareness of the relatively small scale of the cervical problem had an effect upon its popularity. No-one can doubt that there is a good deal of dread of cancer and the real answer to effective education in the subject lies with therapeutics. If it were possible to prescribe some drug to take by mouth or injection which would cure the condition, fear of it would almost completely evaporate overnight, but as it is, when severe and often psychologically damaging mutilations and X-ray treatment with its consequential radiation sickness are involved in

treatment, the cure is regarded by some as even more forbidding than the disease itself and hence the reluctance to expose oneself to the possibility of hearing bad news.

§ 9. DOMESTIC HELP (Section 29)

A contribution under this heading for 1967 is a continuation of the story as given in the Annual Report for 1966 and indeed in previous Reports for a number of years, but this time some very good news has to be recorded. This is that at long last the post of Organiser of the home help service was created and Mrs. M. Nicholson, who for many years has carried out the duties of the appointment without the appropriate status, was appointed to it. This was the first essential step towards the upgrading of your home help service, which, as you will appreciate, ought to be very much more than the provision of domestic assistance and a part of your essential welfare provision for the maintenance and in some cases improvement of homecraft standards. Your Medical Officer of Health also undertook to meet the home helps collectively in the Council Chamber to give them a token of his personal involvement in their work and to encourage their activities. Unfortunately he was indisposed at the time fixed for the meeting, which was in fact held early in 1968. At the end of the year there still remained some degree of want which the establishment of the service found difficult to meet because in many cases where some help was given, had more personnel been available the time allocated to such applicants would have been greater. Thus the needs of the service may be seen as twofold, one being to increase availability to meet the reasonable requirements of all applicants and secondly to bring to light cases of need where no application has been made. It may well be that the schemes of attachment of health visitors and home nurses to medical practices in the town, of which an account is to be found in other pages, will as a consequence increase the load on your home help service. There is, of course, an upward trend of demand upon the home help service and this is likely to become even greater as the population of older citizens increases.

The following Table summarises the work of the year.

TABLE XXIII

Type of Case	1967	1966	1965	1964
	Number of Cases	Number of Cases	Number of Cases	Number of Cases
Maternity (including expectant mothers) ...	36	31	38	49
Tuberculosis	—	—	—	—
Chronic sick (including aged and infirm)	554	596	657	588
Others	35	33	58	58
Total ...	625	660	753	695

PART IV

Mental Health

Your Medical Officer of Health is once again indebted to the Chief Mental Health and Welfare Officer, Mr. C. W. Price, for the following report, which as usual gives an extremely comprehensive account of the work carried out by this important section of your department and which is also summarised statistically in the accompanying Tables.

Mental Illness

During the year under review it is not possible to highlight any particular development of startling proportions. "The mixture as before, administered daily" describes the prescription admirably. It could be said that this was a year of consolidating the framework which has been set up since the coming into operation of the Mental Health Act on 1st November, 1960. There were, however, developments in the forward manner which are well worthy of comment.

The appointment of Miss Bridget Scott as a Mental Welfare Officer in April was a step in the right direction. Miss Scott had good educational background together with some teacher training, and has shown a lively interest in the problems that have faced her. She has fitted well into the existing team; her youthful outlook is often valuable in balancing the views of the more mature senior members of staff. Arrangements were made during the year for her to attend an induction course for newly appointed Mental Health Officers, at the University of Leeds, and though this did not actually take place until January, 1968, it could be stated at the time of writing that the course was of great assistance to her. The appointment helped to spread the load considerably on the female side, and as can be seen from the figures at the end of this report, her assistance has been very much in demand.

The month of April was a good month for us in another sense in that, following the resignation of Miss Sandra Ashton, our clerk, we were most fortunate in obtaining the services of Miss Carol Griffiths to take her place. Miss Griffiths has been more than an apt pupil. One always fears that when a clerk-typist leaves, who has been used to the specialised routine of a department like ours, the gap will not be easily filled. However, Miss Griffiths has more than exceeded any expectations we could have had, and in fact without detriment to any previous member of staff, she is undoubtedly most efficient in her duties, and has in addition a very pleasing manner, which has been commented upon on quite a few occasions by doctors and consultants, who visit or telephone the department. The work load placed upon the clerk-typist in this office has long been far too

heavy. Consideration to additional staff has been looked at on several occasions, and eventually authority to appoint a further junior assistant was given. Miss Dianne Perkins was appointed in July. Unfortunately, Miss Perkins left us in November, but her place was taken by Miss Gwendolyn Winter. This extra appointment has meant that it is now possible to give fuller reports, particularly to the hospitals and consultants. Dr. E. A. Burkitt, Consultant Psychiatrist, has commented favourably upon the extra efficiency of the department in this respect.

It can truly be said that there has been a general expansion of work within the department in mental health. The comparison of figures for 1966 against those of 1967 shows quite a marked increase in the cases referred. It is pleasant again to notice that the number of informal admissions continues to rise. It is always the aim of the department to work with General Practitioners and Consultants in persuading patients to enter hospital in an informal manner. This means of course, there is really no more difficulty in obtaining treatment for mental illness than there is in entering a general hospital for physical illness, and in fact it might be said one can obtain treatment sooner in the majority of cases. The quite large increase of patients referred to the Out-Patient Clinic is worthy of note. The percentage increase over the previous year is 66%. This is in accordance with the wishes of Dr. Burkitt, who at all times prefers to see patients at an early stage in their illness, and thus prevent major breakdown. It is also, of course, a pointer to the manner in which the general public is now accepting more and more the idea that treatment is readily available at consultant level at the Out-Patient Clinic, and the stigma of having a "nervous breakdown" is fast disappearing. The number of after-care visits and interviews also increased considerably and this can, of course, be attributed to a fact already mentioned, the appointment of a further Mental Health Officer.

Mention should be made of the efforts of the department in assisting people back into employment. Numbers doubled over the previous year. This is a very important aspect of the work performed by officers. The figures do not mean to say that we have found 185 new jobs during the year. Quite a proportion of cases, however, after returning from hospital, find difficulty in returning to their job. A visit by the Mental Health Officer to talk over difficulties, and a word in the ear of the Personnel Department at the place of employment, very often smoothes the way to an immediate return to work.

The Short Stay Hostel at 72 Woodland Road continued to serve a most useful purpose, and its function of "half way house" has proved to be most valuable in specific cases. The turnover during the year was, in fact, only 16 as against 24 for the previous year. This can be expected to some degree because the first flush of long term cases coming from Winterton Hospital into the community had passed, and it would appear that we are now settling down to a steady, predictable annual number. This is the first full year in which

we have taken females, and their admission to the Hostel created some difficulties, which by and large have been satisfactorily overcome. There was, initially, some resistance by the male residents, who for long had looked upon it as their private domain, and the intrusion of feminine personalities upon the scene was not easily acceptable. However, each side has now learned the art of co-existence. Although we have only four beds for this purpose, it is, of course, a good thing that we can offer facilities to the ladies in an endeavour to help them back into the community in the same way as we have assisted the men over a number of years.

In September, Mr. McAuley attended a Conference at Oxford, organised by the British Council for Social Psychiatry. He was most impressed by the visits of observation, particularly to Cowley Road Geriatric Unit, Oxford, where very real efforts had been made to solve the problem of the elderly within the community. This unit has moved away entirely from institutional care to a remedial programme with rapid assessment and treatment of the patient immediately following admission. The hospital is based on three sections; admission care, intermediate care, and finally discharge. There is an extensive domiciliary service, together with a day hospital where patients can attend from one to four days per week according to need, thus relieving relatives considerably. As a result of this report, the matter was discussed by the Health Committee, and it was decided to hold consultations of a joint nature between the Health and Welfare Committees, to see if a project of a similar nature could be formulated in Darlington. These talks are still continuing. It should be noted there was the closest co-operation between the Welfare Department and ourselves during the year. Under the recommendation of Dr. Burkitt, possibly the largest number of transfers of aged people from Winterton Hospital to Part III Accommodation within the Borough took place than ever before. It is true to say, of course, that Dr. Burkitt took as necessary patients from Part III Accommodation to Winterton Hospital for treatment purposes, and then returned the patients when recovered or relieved. This interchange and co-operation between departments is a welcome and necessary facet in a situation, where several agencies are often involved.

Dr. E. A. Burkitt continues as usual to come to the Mental Health Department each Wednesday to see relatives and sometimes patients, very often at the request of the Mental Health Officers. The Case Conferences, which are most valuable, continue at Winterton Hospital, and this conference, where consultants and registrars, together with ward sisters, male charge nurses and Mental Health Officers get together, is a valuable method of exchanging opinions and observations concerning the treatment and after-care of patients.

The thanks of the department must be extended to employers who listened favourably to our pleadings, and to personnel officers who work very closely with us in individual cases. Mr. W. Jackson,

D.R.O., at the Ministry of Labour, and his colleague, Mr. O. F. Rodsett, have as always been great friends to the department, and it is always possible to go to them with our problems, and to receive not only a listening ear, but a great deal of help in placing people into appropriate employment.

TABLE XXIV

Particulars of cases reported during 1967

Source of Referral	Under 65		Over 65		1967 Total	1966
	M	F	M	F		
Family Doctor	98	141	25	49	313	215
Consultant Psychiatrist	31	61	3	9	104	107
Memorial Hospital	60	89	5	15	169	107
Police	26	17	2	1	46	45
Other Sources	4	8	4	2	18	63
Totals	219	316	39	76	650	537

Disposal of cases reported during 1967

Admitted informally	79	124	18	24	245	225
Admitted under Observation Certificate	15	34	2	2	53	35
Admitted under Treatment Certificate ...	10	13	—	—	23	39
Admitted under Urgency Certificate ...	4	8	—	1	13	11
Referred for domiciliary visit	17	13	7	18	55	50
Referred to Out Patient Clinic	40	66	4	8	118	78
Supervision by M.W.O.	18	32	1	1	52	22
Other disposals	36	26	7	22	91	77
Totals	219	316	39	76	650	537
After care visits and interviews					6,051	4,561

Patients referred for Community Care

Referred following in-patient treatment	125	107	13	17	262	243
Referred following out-patient treatment	75	75	7	8	165	135
Referred by General Practitioner	71	81	19	30	201	189
Referred by other sources	108	63	10	14	195	175
Total cases referred	379	326	49	69	823	742

Of those referred numbers who were :	Under 65		Over 65		1967 Total	1966
	M	F	M	F		
Old Cases	242	164	26	27	459	401
New Cases	137	162	23	42	364	341
Total	379	326	49	69	823	742
Returned to employment	130	55			185	92

TABLE XXV

Short Stay Hostel

Admissions

Classification of Illness	Male		Female		1967 Total	1966
	16+	35+	16+	35+		
Schizophrenia	1	2	1	1	5	15
Psychopathic Personality	—	1	—	—	1	1
Depressive States	—	1	1	2	7	1
Alcoholic and Drug Addictions	3	—	—	—	—	1
High Grade Subnormals	2	—	—	—	2	6
Other (Organic disorders, confusional states, etc.)	—	—	1	—	1	—
Total	6	4	3	3	16	24

Disposals

Placed in employment	5	3	2	2	12	18
Placed in I. R. U.	—	—	—	—	—	—
Placed in lodgings	1	3	1*	1	6	10
Returned to home or relatives	1	1	—	1	3	1
Returned to Hospital	1	2	1	1	5	4
Left of own accord	1	—	—	—	1	1
Number resident at end of period ..	4	5	—	3	12	12

Mental Subnormality

On looking back, it is perhaps a sad reflection to realise that since the coming into operation of the National Health Act in 1948, which gave Local Health Authorities permission to make provision

for the training, care and after-care of the mentally handicapped, not one new building has been erected for this purpose within the County Borough. The fact that Darlington has as good a reputation as anywhere for its training of the subnormal is a tribute to the staff, who have laboured under the most trying conditions. The greatest of pleasure and anticipation is, therefore, present as the vision of a new Junior Training Centre, situated in Glebe Road, becomes clearer. Many discussions during the year took place between the Architect's Department and the Chief Mental Health Officer regarding the planning arrangements. Visits were made to newly built Centres already established at Hartlepool, Stockton, and also at West Auckland. Much was learned from what was seen, and we are hoping that from this we will be able to build in Darlington on an improved scale, having learned from the experiences and possibly the mistakes of others.

Considerable talks and pre-planning also took place with the Architect's Department over the siting and layout of a new Senior Industrial Training Centre on the Faverdale Trading Estate, but unfortunately this project was shelved on the grounds of economy. Nevertheless, it could be said that 1967 was not only a year of preparation for better things to come from the point of view of planning, but was also a good year in the work proceeding in the already established Centres.

At the Junior Training Centre, Mrs. Eglington came back from her training course, having obtained her teaching diploma, and was appointed Supervisor, taking over from Mrs. Paxton, who had come back from retirement to help us out of a difficulty. Mrs. Eglington possesses a great deal of drive and enthusiasm, and in consultation with the Chief Mental Health Officer much re-organisation at the Centre took place. There have been rapid strides in training methods and also in integrating our young people more and more into the community. In co-operation with the Commandant of the Police Training School, Sedgfield, students have been seconded on a monthly training basis to the Centre. Two male and two female cadets attend each day, and take part in the routine work, but in addition bring any personal gifts which they may have to bear upon the children. As a result, painting, art, and handicrafts have developed considerably. In addition, physical activities and P.T. have flourished. The cadets have assisted the staff in other "outside" projects, and thus children have been taken for swimming lessons and on visits of observation to the Post Office and to the Railway station. They also go shopping into the town, and visit various "walk-round" stores. The highlight of the year, of course, was the visit of the Queen and Prince Philip, when, by arrangement with the Police and the Personnel Officer at Chrysler-Cummins Ltd., the children in their special bus were allowed a most favourable view point. Mrs. Eglington has also made very close contact with parents and issues to them a newsletter. She has organised Coffee Evenings and a Film Show, which have been very much appreciated in every way. We are grateful to the

Rev. Joseph Stephens, Methodist Minister at Northlands Church for his interest in us. He visits the Centre regularly, and conducted the Harvest Festival Service, which was held in October, as well as taking part in the Christmas festivities. The acquisition, in September, of a second-hand bus from the Transport Department, and the appointment of Mr. J. Grieveson as Driver/Handyman, to replace the existing private arrangements, at first had its teething troubles. This venture has, however, proved most successful, and has assisted us to make more viable the route taken in order to help individual cases from the point of view of door to door transport.

Diverting to the Senior Training Centres, work continued as usual at Hopetown, under Mr. Sams who, like Mrs. Eglington, returned from a year's training course in September. The problem here at all times is one of keeping the young men fully employed. Contract work is continually needed, as the flow from Hugh Stevenson and Sons Ltd., tends to fluctuate considerably. Mr. Sams was largely responsible for obtaining a contract with Ellis Plastics Ltd., of Stockton, who now provide us with very suitable assembly work for both our males and females over 16 years. More work of this kind would be most valuable to us. The chopping and bundling of sticks is a most suitable type of activity for us, and quite profitable into the bargain, and continued unabated throughout the year.

Mention should be made to the Centenary Exhibition held in the Baths Hall. The visitors showed marked interest in the work on view. Many expressed complete surprise at the standard of some of the exhibits. In view of the fact that no effort was made to "touch up" anything offered, and specimens of every child's work, irrespective of how good or bad, was shown, the response of the public was felt to be most gratifying.

We are again, of course, without a hostel for the subnormals, and this is something which should be remedied as quickly as possible. Dr. W. Dunn, Medical Superintendent and Physician at Aycliffe Hospital, is always as helpful as his bed position allows, but we are still left very high and dry with many cases, where a hostel should be used. Short Term Care was again organised by the department, to assist parents to have a well-deserved holiday, and we are grateful to Dr. Dunn and his staff for the manner in which they manage to arrange this facility for us each year. The rate of employment of the severely subnormal slowed considerably during 1967, possibly because we had not candidates of the same standard of previous years. Undoubtedly the more able of our people have been settled into industry and continue to uphold our faith in them, but the task of obtaining suitable employment for those left is no easy one. The answer, of course, to the problem of people with this degree of handicap is sheltered employment in a sheltered workshop, and possibly we will get nearer to this when eventually we have our new unit on the Faverdale Estate.

TABLE XXVI

Particulars of cases reported during 1967

Source of Referral	Under 16		Over 16		1967 Total	1966
	M	F	M	F		
Local Education Authority on children reported:						
(a) While at school or liable to attend school	6	3	—	—	9	8
(b) On leaving special schools	—	—	3	3	6	10
(c) On leaving ordinary schools	—	—	—	—	—	—
Transfer in from other authorities	1	—	2	1	4	2
Hospitals—following discharge	—	—	1	2	3	3
Magistrates' Courts	—	—	—	—	—	—
Police	—	—	—	—	—	—
Other Sources (N.A.B., Probation, etc.)	—	—	2	2	4	1
Totals	7	3	8	8	26	24

Disposal of cases reported during 1967

Admitted to Junior Training Centre	4	2	1	2	9	5
Placed in employment	—	—	4	3	7	12
Admitted to Hospital	1	—	1	—	2	1
Admitted to Hostel	—	—	—	—	—	1
Remaining at home under supervision of M.W.O.	2	1	2	3	8	5
Total cases referred for supervision by M.W.O.	7	3	8	8	26	24

Patients who have

Removed from the district	1	—	1	2	4	4
Died	—	—	—	1	1	7
Been removed from supervision	1	—	2	1	4	5
Totals	2	—	3	4	9	16

TABLE XXVII

Patients admitted to Hospital during 1967	Under 16		Over 16		1967 Total	1966
	M	F	M	F		
Informally (Sec. 5, M.H.A. 1959)	1	—	2	3	6	10
Observation Certificate (Sec. 25, M.H.A.)	—	—	—	—	—	—
Treatment Certificate (Sec. 26, M.H.A.)	—	—	2	1	3	5
Urgency Certificate (Sec. 29, M.H.A.) ...	—	—	—	—	—	—
Temporary (Circular M.O.H. 5/52) ...	10	1	6	5	22	20
Totals	11	1	10	9	31	35
Patients awaiting vacancies in Hospital	4	1	2	2	9	11

TABLE XXVIII

Patients in the community who are :

a. Attending Junior Training Centre ...	29	18	—	—	47	43
b. Attending Female Adult Training Centre	—	—	—	26	26	25
c. Attending Male Industrial Centre ...	—	—	21	—	21	20
Totals	29	18	21	26	94	88
Patients in the community for whom suitable employment has been found ...	—	—	84	36	120	115

TABLE XXIX

Total Cases under Supervision at end of period :

In the community	31	22	125	87	265	256
Under Guardianship	—	—	—	—	—	1
In Hospitals (including patients on leave)	11	6	71	45	133	129
Totals	42	28	196	132	398	386
After care visits and interviews	—	—	—	—	1,968	2,009

TABLE XXX

1. Case Conferences			1967	1966	
(a) Winterton Hospital	...	...	46	40	
Officer Attendances	...	...	140	94	
(b) Aycliffe Hospital	...	...	5	3	
Officer Attendances	...	...	3	3	
2. Out Patient Clinics					
Memorial Hospital	...	...	95	77	
Officer Attendances	...	...	212	190	
Number of patients escorted to clinic	...	...	88	53	
3. Case Histories on Wards	...	...	87	54	
4. Senior Training Centres—work completed at :					
a. Hopetown			£	s	d
Sticks as per contract to Education Committee	...	...	228	11	0
Welfare Committee	...	...	63	0	0
Health Committee	...	...	35	0	0
Other Sources	...	...	234	14	0
Total			561	5	0
Paton and Baldwins—cleaning dye bags	...	...	28	7	7
Hugh Stevenson & Sons Ltd.—assembling divisions	...		353	6	3
Ellis Plastics Ltd.	...	...	85	15	10
Total			467	9	8
b. North Road Senior Girls					
Heyman & Co.—Counting assorted rubber bands	...		145	10	3
Counting cellophane bags, etc.	...	...	21	16	5
Stamping prescription pads for Executive Committee	...		20	11	10
Total			187	18	6
Gross Total			1,216	13	2
Total of Previous Period			921	2	9

PART V

National Assistance Act, 1948 (Part III)

The association between the Health and Welfare Departments of the Corporation remains close and friendly, your Medical Officer of Health acting as medical adviser to the Welfare Committee and one of your Assistant Medical Officers of Health attending its meetings. One of the important spheres where such co-operation expresses itself in practical action is in respect of a medical opinion concerning new admissions to Part III accommodation. Theoretically, of course, medical considerations are not involved in this matter, except perhaps to exclude from welfare accommodation patients whose needs are severe enough to require hospital treatment. On the other hand, where demand for accommodation is likely to be in excess of its availability, a medical contribution to the total sociological assessment of each case is to be welcomed as an additional insurance that the most needy shall have the highest priority.

Another function of the welfare services in which the Health Department retains a special interest is the community care of the blind. The following statistics reflected the situation in 1967 :

TABLE XXXI

Age Distribution of Blind Persons in Darlington

	Under 16	16—29	30—49	50—64	65—69	Over 70	Total
Men	6	—	6	9	12	36	69
Women	1	1	4	9	11	58	84
Total	7	1	10	18	23	94	153

Number of blind persons normally resident in Darlington
(not of school age) undergoing training away from home 1

Number of persons employed—

(a) in Workshops for the Blind	...	...	...	...	2
(b) Home Workers	...	...	...	...	—
(c) Open employment	...	...	...	...	5

PART VI

Growing Points**§ 1. HEALTH EDUCATION**

There is no doubt that the subject of health education is receiving very much less attention in the County Borough of Darlington than it deserves and indeed demands. As generally appreciated, we are reaching or have reached the limit of improved health through overall legislation; clean air still remains to be effectively enforced and there may be questions of design for dwellings and town planning which will require legal sanctions, but in north western Europe and North America the problems of health are becoming more and more matters for individual personal concern. As you know, one of the problems to which a good deal of attention is nationally paid is that of tobacco smoke, with particular reference to cigarettes, and it has to be admitted that apart from the exhibition of certain propaganda placards no special action has been taken by the department during 1967, because when expensive and attractive advertisements are permitted on hoardings in an endeavour to maintain and increase the sale of cigarettes it seems rather an invidious task to try to oppose them with such measures as your Health Department has at its disposal. To use an analogy from a past period, it is rather like opposing a battleship by a rowboat.

The real reason, however, why health education has received so relatively scant attention from your Health Department is simply lack of adequate staff. For the second half of 1967 you were short of one assistant medical officer, your health visiting service was under established and you have, of course, no health education officer, medically qualified or otherwise, appointed for this specific duty, though it is the opinion of your Medical Officer of Health that you would be well advised to enlarge your establishment to this extent, in the pious hope, of course, that such a person would be available for appointment. Your existing staff, therefore, is fully extended on the routine and statutory duties of your department and is unable to find time to explore new avenues, however great may be their importance. Many head teachers of your senior schools for instance are very anxious for a programme of health education to be introduced among their pupils and there is no more rewarding field for such activities than this one. The same is true of your College of Further Education and it has become more realised in these days that junior schools also benefit from instruction in matters of hygiene and satisfactory living, nor can the lessons begin too early. In this connection a meeting was held in April on the specific question of sex education in schools, where, under the presidency of the Chief Education Officer the head teachers met your Medical Officer of Health and Deputy Medical Officer of Health. The question at issue was how this important aspect of health education could best be dealt with from a school point of view and the assistance of your department was promised, though up to the end of the year not very much

use had been made of it because, as has been noted, the amount of man hours available did not justify your staff in looking for more work in this field.

Another matter to which attention was given during the year was that of drug addiction. Though a good deal is talked about this subject there is little concrete evidence to hand that drug taking is much of an addiction among young people in Darlington. That cases and channels of availability existed may indeed be true, but to the end of the year no positive evidence was to hand and the police, approached for their co-operation in the month of May, made a categorical statement to the effect that in Darlington there was no problem. This is a matter where publicity is to be deprecated since much more is likely to be learned and much more help given under a cover of anonymity and confidentiality.

The following talks and lectures were given during the year.

Talks and Lectures

Date	Association	Subject	Speaker
Jan. 9	Citizens Advice Bureau ...	The Work of the Health Department.	Dr. Walker
Mar. 8	Girls' High School Parents' Meeting ...	Health in Adolescence.	Dr. Markham
Apr. 10	College of Further Education	The Work of the Public Health Inspector.	Mr. Ward
„ 18	Coniscliffe Road Church Women's Guild ...	Health in Middle Age.	Dr. Walker
June 1	Scientific Society, College of Further Education ...	Drug Addiction.	Dr. Walker
Oct. 12	Darlington Nursing Division, St. John's Amb. Brigade	Infectious Diseases.	Dr. Walker
Nov. 15	Darlington Historic Society	The Health of Darlington.	Dr. Walker
Nov. 28	Eastbourne Methodist Homemakers ...	Health Centres.	Dr. Markham
Dec. 5	Darlington Samaritans ...	The Mental Health Service—Some Do's and Don't's.	Mr. Price

§ 2. GERIATRICS

Once again I am indebted to Dr. D. P. Degenhardt, Physician with special interest in Geriatrics, for a report on the working of the geriatric services in Darlington for the year 1967.

“During 1967 the Geriatric Service has continued on much the same lines as during the previous two to three years, but I think there has been improved co-ordination and co-operation with the

Health and Welfare Departments. In part this is due to the fact that as Geriatric Physician I was co-opted on to the Welfare Committee, this has allowed the Hospital Service and the Welfare Service to appreciate each others progress and each others difficulties much better and has therefore, made co-operation more fruitful. At the same time the prospect of the opening of a further Welfare Hostel at Moorcroft has helped the Hospital Service, in fact since its opening the number of patients waiting in hospital for accommodation in Old People's Homes has dwindled greatly.

It has now become a well established practice that all patients admitted under the Geriatric Service are first admitted to the Acute Assessment Wards for investigation and treatment. During 1967 of 305 patients admitted only 65 had to be admitted to long-stay beds at East Haven and elsewhere. Of these another 12 to 15 were eventually discharged so that the number of long-stay patients comprise less than 20% of those admitted.

Because of a winter, though not particularly severe, was characterised by a lot of illness, especially due to virus infections, the waiting lists have been rather longer than in previous years and at times there has even been a short waiting list on the male side. Again as in previous years extra beds had to be used in other wards and among others I am grateful to your Medical Officer of Health for lending me beds in the department allocated to infectious diseases.

As before I have had the help and co-operation of the Superintendent Health Visitor and her staff in home visiting about social factors which often determine urgency of admission, arranging attendance of District Nurses, etc. We have continued our weekly meeting.

Liaison with the Welfare Department has also been mainly through this weekly meeting which is attended by the Senior Welfare Officer but has also been improved by more contact with the Department as a whole and my attendance at meetings of the Welfare Committee.

Unfortunately, there has been no improvement in regard to ancillary staff. The search for a Social Worker and for Occupational Therapists has not been rewarded with success though the Physiotherapy Services have continued as before.

I have the impression that there has been further improvement in the provision of housing suitable for old people and the opening of new housing schemes with a warden service is a great step forward. Your Medical Officer of Health has again been helpful in recommending priority where appropriate and we have worked together on this problem.

The Geriatric Service has, of course, also provided out-patient clinics and has had the wholehearted co-operation of the family doctors. As you are aware they are the first line of defence and their patience and understanding when admissions are to be delayed because of shortage of beds deserves special recognition.

We always get a good deal of help from the voluntary services and it seems to me that we have gathered the first fruits from the establishment of a Council for Social Services in co-ordination of the services.

Unfortunately there is still a shortage of Home Helps and patients have often had to wait some time for its provision, and have not always been able to get Home Help as often as they need it. At the same time there has also been, at times, a waiting list for Meals on Wheels.

There is need for further development in the field of Geriatrics. The opening of a Psychiatric Unit in Darlington should be of some help but the provision of a Day Hospital would be desirable. However, without Occupational Therapists, an increased number of Physiotherapists and a Social Worker there is no possibility of starting a Day Hospital at present, even if the premises were available."

Incontinence Pads

In last year's Report reference was made to an increased demand for incontinence pads, particularly during the latter half of 1966. A supply of 500 pads had satisfied requirements from 1961 until the middle of 1966, whereas a further supply of 1,000 was almost exhausted by the end of the year, as a result of an increasing number of recommendations for their provision by medical practitioners and their greater use in the home nursing service. This trend continued in 1967 when approximately 2,500 pads were issued to patients on the recommendation of their own doctor or through the home nursing service.

§ 3. ACCIDENTS IN THE HOME

As in previous years a note is included under this heading, though the number of incidents reported, 14 in all, is of course a 'miniscule' proportion of the total number of such events among pre-school children. The health visitors always report upon cases brought to their notice, but many of such relatively minor accidents must occur between one visit and the next and mothers will be liable to make no mention of such happenings provided the outcome has been satisfactory. It will be appreciated that to some extent accidental damage to young children is inevitable, since natural liveliness and curiosity will incur some degree of danger and this in the nature of things cannot be eliminated except at the price of a kind of cotton wool existence which is the last thing one would prescribe for children and which in any case is not itself foolproof. The inclusion of this item in the Annual Report, is, however, justified as indicating

the interest taken in prevention of accidents in the home and no doubt the incidents described are typical of the many others which are not reported upon. In 1967 the age distribution was as follows :—

Under 1 year	2
1 to 2 years	4
2 to 3 years	3
Over 3 years	5

Distribution was between 8 boys and 6 girls and the accidents were burns and scalds (6), cuts and abrasions (3), fractures other than of the skull (3), fractured skull (1) and accidental poisoning (barbiturous) (1). A factor of negligence was discerned in 9 cases, including all those of burns and scalds, apparently care being clearly deficient in 3 of them.

Further Information about Morbidity in Childhood

This would seem an appropriate place to introduce a subject which it is hoped will receive much fuller treatment with an analysis of information received in the Annual Report for 1968. As was known at the time, since the summer of 1966 copies of letters addressed by consultants at the Darlington Memorial Hospital and other hospitals outside the town to general practitioners in respect of children of school and pre-school age have been received by your Medical Officer of Health. Though this had been a routine practice for a number of years where for instance the Newcastle hospitals were concerned, a similar concession in respect of the Darlington Memorial Hospital was only achieved as the result of negotiation. However, consent all round was finally given and thanks to the co-operation of the Hospital Group Secretary, Mr. G. W. Beckwith, and his clerical staff, the system has worked subsequently with great success. The copies of the letters are, of course, filed with the other documents relating to each individual child and contribute very well towards that complete picture of medical experience which is so valuable for an assessment of health. During 1967 the running in of this system occupied the attention of those concerned and a current analysis of the returns made was not undertaken while it will, of course, be understood that the distribution of the letters among all the dossiers involved makes a retrospective analysis an impossible task. Preparations, however, for such an analysis are under way for 1968 and meanwhile it may be said that such returns are a uniquely complete picture of such children of Darlington as have required further advice at hospital. The letters, of course, deal with out-patient consultations as well as with children for in-patient investigation or treatment, so that their comprehensiveness is so much the greater. This information has some bearing on the question of accidents since the largest single category among the returns is from the orthopaedic surgeons relating to injuries, mainly, of course, fractures. Further details are promised for when they are available and meanwhile your Medical Officer of Health would like to thank once more his colleagues, both consultants and general practitioners, through whose co-operation this source of valuable information has become available.

PART VII

Other Services

§ 1. HOUSING

General

The relationship between housing and health is a complex one. The most obvious example is provided, of course, by a house unfit for human habitation through age and structural fault, or by insufficiency compared with the standards of the time. This is the problem which is dealt with through clearance areas or by the declaration of individual houses as unfit for human habitation. But equally the human inhabitants of a house may become maladjusted to it because it is too large or presents them with certain features such as stairs with which they are no longer able to cope. Problems of this kind are encountered continuously in respect of pensioners applying for ground-floor accommodation and recur very frequently among persons of younger age who bring their difficulties to your Medical Officer of Health, often at the advice of and supported by a medical certificate from their medical practitioner. The year 1967 was quite a heavy year where housing enquiries were concerned. No less than 35 cases were brought to the Special Sub-Committee as requiring particular treatment on account of medical or socio-medical conditions. Not all of these applications were accepted at first hearing by the Housing Committee, but 22 who were accepted and were allocated for re-housing as soon as possible showed the following conditions :—

- Cl. Householder with after-effects of coronary thrombosis living in tied accommodation.
- Cx. Housewife with severe osteo-arthritis of knees and an immobilised right hip.
- L. Accommodation unsuitable because of mental sub-normality of child.
- N. Patient suffering from manic depressive psychosis.
- Tn. Handicapped woman with both legs affected from poliomyelitis.
- Bn. Householder with emphysema and chronic bronchitis, and with a severely spastic son.
- M. Housewife with angina and early diabetes.
- A. Householder a cardiac invalid with degenerative myocarditis.
- Wy. Housewife psychoneurotic complicated by condition of house.

- Bs. Housewife with valvular disease of the heart.
- By. Request from outside town and accepted on account of spastic daughter.
- De. Housewife with osteo-arthritis.
- Wd. Householder with valvular disease of the heart and daughter also a cardiac invalid.
- Dn. Householder with immobile hip and wife a cardiac invalid.
- Te. Housewife a registered blind person with severe rheumatoid arthritis.
- Ge. Applicant from out of town with inoperable cancer of lung.
- O. Housewife a blind person in too large a house.
- Se. Housewife with progressive muscular dystrophy.
- C/S. Older housewife a chronic bronchitic and younger housewife crippled after poliomyelitis giving each other mutual support.
- Ry. An overcrowded family unit, principals unmarried.
- Bl. Housewife with valvular disease of heart.

All the above have definable adversities with a predominance of cardiac and arthritic conditions, but another large group who brought their cases to your Medical Officer of Health were Corporation tenants who for one reason or another wished to exchange their tenancy. Many of these complained of strife with neighbours and it was felt that some of them at least carried their problem with them and would receive no benefit merely by going to live in some other district. The number of such applicants became so numerous that your Medical Officer of Health decided that he would not, as hitherto, interview them all as a matter of course, but only those who were recommended to him by their practitioner sending a letter through the post. Such applicants might be presumed to have a serious complaint which an exchange of house would be expected to benefit.

Pensioners' Bungalow Enquiry

In this enquiry, which continued as in previous years, 1967 provided a bumper harvest, no less than 262 cases and 355 persons being investigated, in every instance by a visit by your Medical Officer of Health to the house. The reason for this greater number as compared with last year (163 cases) was because the preliminary waiting period was shortened from a year to six months and in order to adjust to the shorter time a larger number of persons on the waiting list became eligible for consideration. An analysis of the work carried out has been undertaken on exactly the same lines as in previous years, as shown in the following summaries.

TABLE XXXII

	Priority	Recommended	Retain without urgency	May be postponed	Total cases investigated	Made own arrangements	Died before visit	Untraced	Seen out of turn earlier	Total cases named to Health Department
Couples living in rooms	—	1	—	—	1	—	—	2	—	3
One person living in rooms	8	13	14	4	39	4	—	2	—	45
Couples tenants of house	2	12	11	6	31	1	—	—	—	32
One person tenant of house	1	25	39	3	68	2	—	—	—	70
Couples owner-occupiers	1	12	17	1	31	7	—	—	—	38
One person owner-occupier	1	14	22	5	42	7	—	7	—	56
Couples tenants of Council houses	—	15	7	—	22	—	—	—	—	22
One person tenant of Council house	—	3	12	—	15	1	—	—	1	17
Couples seen out of turn	4	4	—	—	8	—	—	—	—	8
Single persons seen out of turn	—	5	—	—	5	—	—	—	—	5
Total	17	104	122	19	262	22	—	11	1	296

The breakdown was as follows :—

Final Marking :

Ungraded or awarded no marks	...	...	...	—
Awarded $\frac{1}{2}$ mark	...	...	...	12
Awarded 1 mark	...	...	...	51
Awarded $1\frac{1}{2}$ marks	...	...	...	79
Awarded 2 marks	...	...	...	102
Awarded 3 marks	...	...	...	18

Adjustment :

Content	...	...	...	...	126
Fair	...	...	...	...	89
Overall unhappy	...	...	...	...	41
Miserable	...	...	...	...	6

Housekeeping :

House-proud	...	...	...	...	15
Good standard	...	...	...	...	111
Adequate standard	...	...	...	...	97
Sub-standard	...	...	...	...	10
Ungraded	...	...	...	...	29

Age Distribution :

60-64 years	...	...	...	...	...	...	85
65-74 years	...	...	...	...	...	...	210
75-79 years	...	...	...	...	...	...	52
80 years and over	...	...	...	...	...	...	8

Civic State :

Married couples	...	...	...	...	...	...	92
Widowed men	...	...	...	...	...	...	12
Single men	...	...	...	...	...	...	4
Widowed women	...	...	...	...	...	...	116
Separated or divorced women	...	...	...	...	...	...	17
Single women	...	...	...	...	...	...	21

Of these cases 17 were awarded priority, of whom 7 were rehoused during the year. These patients showed the following adverse conditions :—

- As. Householder helpless as a result of cerebral accident and adequate nursing impossible in house.
- Bm. A woman separated from her husband and living in rooms where she was extremely unhappy, being at odds with her landlord.
- Bw. Widow a psychological problem concerned with artificial eye.
- Bl. Both applicants deafened, householder with varicose veins and hernia and housewife suffering from a recent cerebral accident and also from diabetes and myocardial weakness. They lived in tied premises which they must vacate.
- Be. Householder in poor general health and blind, housewife obese and a cardiac invalid.
- D. A widow with severely crippling arthritis, almost immobilising her, and myocardial weakness.
- Fy. A widow with severe rheumatoid arthritis.
- Fw. Householder had suffered from a stroke and blind in one eye, housewife with high blood pressure.
- Fr. Spinster living in rooms and in a condition of severe stress.
- G. Housewife a diabetic with amputation of lower limb on account of gangrene.
- Hh. Householder had incipient heart failure and cancer of bladder resulting in severe handicap.
- Hg. A widow suffering from heart failure and no longer welcome in son's home.
- L. Householder a bedfast cardiac cripple with heart failure, housewife deaf and lame from badly united fracture and also a diabetic,

- P. A spinster with elephantiasis of lower limbs in state of stress with sister with whom she shared home.
- S. A widow with bronchitis and infection of the urinary tract living in sordid circumstances.
- Ws. A widow with loss of hearing but strain mainly arising from residence in daughter's household which was overcrowded.
- Wt. A widow with high blood pressure very unhappy in daughter's home where no-one spoke to her. (Now deceased).

Once again, as in previous years, psychological factors, particularly a sense of being unwanted in another person's house, have contributed considerably to the award of a priority grading. It is also to be noted that 10 applicants put in the group of 'Recommended' were also re-housed during 1967.

The Dynamics of Old Age

As in previous years, a number of earlier applicants were re-visited and assessed as follows :—

	Upgraded	Mark unchanged	Downgraded
First seen in 1959	1	—	—
First seen in 1960	1	—	—
First seen in 1961	—	—	—
First seen in 1962	4	—	—
First seen in 1963	1	1	—
First seen in 1964	7	—	—
First seen in 1965	4	3	—
First seen in 1966	9	7	—
First seen earlier in 1967	4	—	—

From among these 7 were upgraded to "Priority" for the following reasons :—

- E. A spinster whose circumstances had deteriorated over the last three years with complicating psychological factors.
- O. Deterioration over past two years with development of cardiac invalidism of both householder and housewife.
- C. A widow in deteriorating circumstances over last two years of decaying gentility.
- N. Householder with cardio-vascular degeneration and increasing inability to cope over last three years.
- T. A widow with recent coronary thrombosis.
- G. Householder had suffered a second stroke and had become immobilised,

- S. Widow with arthritis whose daughter was no longer able to look after her owing to declining health.

From all those re-visited, 10 were re-housed during the year.

From the above observations it is very evident how keen for the most part people are to maintain their own home and independence so long as they are able to manage at all. Even people of advanced age, such as 80 or over, are still prepared to take on a new home, if it is within their capacity, or are prepared to launch out on their own after several years in another's household where they have now become unwelcome. This is a factor to be borne in mind in all geriatric planning and shows the need for fully adequate domiciliary services to shore up older citizens who wish to maintain their independence to the end.

Slum Clearance

It is perhaps rather unfortunate that the word "slum" has become attached to the process whereby houses showing severe wear and tear and lacking the amenities which are now regarded as normal for civilised living should be thus categorised. As generally envisaged, a slum consists of miserable hovels with every kind of sanitary defect and dilapidation, while in fact a number of houses which are now described for purposes of the Housing Acts as unfit for human habitation have been reasonably well looked after by their owners and/or occupiers and at a superficial glance are not unsatisfactory. Very great care is taken, however, only to designate as unfit for human habitation houses which have real and irremediable defects, where the building structure is showing such evidence of decay as to be beyond repair at reasonable cost and where such amenities as adequate food stores and washing facilities are well below normal standards. Darlington has never possessed much slum property as conventionally understood and with the steady progress of your policy and redevelopment it is exhibiting less and less. The work carried out is given in detail by the Chief Public Health Inspector and will be found on pages 78/79.

As has been remarked in previous Reports, your Medical Officer of Health wishes to underline the truth that there is no finality in the replacement of houses, since all buildings are subject to wear and tear and depending on their initial quality and on how well they are maintained sooner or later it becomes an uneconomic project to repair them and the only answer is to pull them down and build again. In previous Reports your Medical Officer of Health has suggested that the County Borough of Darlington might make better use of available land by building tall flats which have become so noticeable a feature of so many towns and cities during the last decade. While still agreeing in principle that this is a useful means of accommodating a large number of buildings to the acre in hygienic surroundings, some further observation has shown him that residence in tall flats presents difficulties for family life, particularly when the children are young, and it is also a curious feature that neighbourliness often seems less well developed when family units are spread vertically than when they live horizontally.

Another point worthy of attention is discretion in provision of gardens. Often, of course, these form a great joy and pride to their possessors, but there are those to whom they occasion constant annoyance and anxiety. This becomes particularly true as the citizens grow older and accommodation for pensioners, particularly for those over 70, should preferably possess small or non-existent garden space; at least such older citizens should have the option of possessing houses without garden liability. Might the following suggestion be considered? The Corporation might employ a team of gardeners to be allocated to those particularly older citizens in need as they required them, and for payment to be made for their services on an agreed scale in a manner analogous to the home help service.

§ 2. METEOROLOGY AND ATMOSPHERIC POLLUTION

During the year, observations continued to be taken and the following report summarises them; it was submitted by the Chief Public Health Inspector, with whose section of the department responsibility rests for this matter, but seems appropriate for inclusion along with the summary of meteorological observations which have for many years constituted a regular feature of the Annual Report.

TABLE XXXIII

SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1967

Taken Daily at South Park

	Barometer Reading (inches)		Temperature Registered (Fahrenheit)		Total Rainfall inches	Greatest Rainfall in any 24 hrs. (depth in inches)	Date of Greatest Fall	No. of days on which Rain fell (.01 ins. or more)
	Highest	Lowest	Highest	Lowest				
January	30.45	29.10	50	18	1.20	0.36	22	15
February	30.30	28.45	56	30	2.66	0.92	22	11
March	30.05	28.55	58	30	1.40	0.43	9	11
April	30.30	29.00	75	25	1.31	0.29	8	9
May	30.05	28.90	68	27	4.40	0.55	14	23
June	30.30	29.50	78	39	1.87	0.78	24	11
July	30.10	29.45	78	44	4.18	1.47	14	12
August	30.10	28.96	81	44	3.66	1.08	8	14
September	30.00	28.50	68	42	2.88	0.43	4	21
October	30.00	28.60	63	36	4.38	1.80	16	21
November	30.50	28.80	54	26	2.85	0.75	5	17
December			59	21	1.64	0.30	9	15
Totals	—	—	—	—	32.23	—	—	180
Averages	—	—	—	—	2.68	—	—	15

Atmospheric Pollution

Darlington is one of the 15 constituent member authorities of the Tees-side Clean Air Committee which operates a total of 64 deposit gauges (Darlington 3), 13 lead peroxide instruments (Darlington 1), and 27 volumetric smoke filters (Darlington 2).

Your Chief Public Health Inspector or his representatives have attended the meetings of the Committee and its Technical Sub-Committee, at which matters of policy and many problems have been discussed.

In Darlington, your inspectors made 71 observations relating to all types of pollutant emissions, and 85 interviews or visits to plants were made regarding emissions.

Several improvements to plants included the installation of a chain-grate stoker in a Corporation property, hand-fired plant converted to automatic in a bakery, and a billet-heating furnace converted to oil-fired. Minor contraventions relative to industrial smoke have been dealt with when they have been seen to occur.

One of two industries which have been the concern of the Alkali Inspector and ourselves for a considerable time has closed down. The other has changed hands and the new owners are currently negotiating with suppliers of fume arrestment plant. A successful conclusion is anticipated.

Co-operation between the Borough Surveyor and the Chief Public Health Inspector has resulted in a close scrutiny of all plans and specifications for new installations, and such recommendations as are made are to ensure smokeless operations of furnaces, and avoidance of low-level concentrations of sulphur dioxide.

1 Lead Peroxide Instrument, 3 Standard Deposit Gauges and 2 Volumetric Smoke Filters are presently in use for measuring air pollution. The Lead Peroxide Instrument in use at Albert Hill gave an average monthly reading of 0.73 milligrammes of sulphur dioxide collected each day by 100 square centimetres of lead peroxide. This compares favourably with last year's figure of 0.95.

Standard Deposit Gauge Results—Insoluble Matter
Average Monthly Deposits in Tons per Square Mile

	Industrial			Semi-Industrial			Residential		
	1967	1966	1965	1967	1966	1965	1967	1966	1965
Darlington	7.81	8.43	9.95	4.31	4.09	3.89	2.00	2.32	3.11
Tees-side	12.85	24.65	20.16	10.60	11.52	11.82	5.10	7.36	7.45

Deposit Gauges measure only deposited matter in the close vicinity of the source. Suspended matter, of which domestic smoke is largely composed, is more accurately measured by volumetric smoke filters, figures from which appear in the following table.

Average Monthly Smoke Filter Readings in Microgrammes

	1967	1966	1965
Skerne Park	84	111	126
Gladstone Street	97	103	135

Wind Records of the Year (Tees-side Area)

	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm	No Record
Average %	6	9	4	2	11	36	20	8	2	2

§ 3. LABORATORY SERVICE

The happy relationship between the Public Health Laboratory Northallerton, and the Health Department continued in 1967 as in previous years. The work done during this year was of a routine nature and nothing significant requires description. Dr. J. G. Wallace, Director of the Laboratory, remains a very good friend to this department, whose co-operation is greatly appreciated.

§ 4. MEDICAL EXAMINATIONS

The simplified system for many examinees as described in the Annual Report of 1964 continued, but the number of Corporation staff actually examined increased from 265 to 277 in spite of the new technique. In respect of certain candidates a physical examination is required for other purposes than Corporation records and these are particularly to be found in respect of the Education Department. Thus, the largest single number of examinations during 1967, 127, which was almost half the total, came into this category. Some economy in time is still, however, maintained, since the totals examined in 1962 were 287 and in 1963, 348.

TABLE XXXIV

Medical Examinations of Corporation Staff

DEPARTMENT	Sup'ation		Sick Pay		Periodicals etc.		Total		Total Grand
	M.	F.	M.	F.	M.	F.	M.	F.	
Architect's ...	—	—	—	—	—	—	—	—	—
Civil Defence ...	—	—	—	—	—	—	—	—	—
Education ...	—	—	—	2	19	106	19	108	127
Fire and Ambulance ...	—	—	—	—	4	—	4	—	4
Health ...	—	—	—	—	—	—	—	—	—
Library and Museum ...	1	—	—	—	1	1	2	1	3
Markets ...	—	—	1	—	1	—	2	—	2
Parks, Cemeteries and Baths ...	—	—	—	—	2	1	2	—	3
District Nurses ...	—	—	—	—	—	—	—	—	—
Surveyor's (incl. Water)	15	—	20	—	45	4	80	4	84
Town Clerk's ...	—	—	—	—	1	—	1	—	1
Treasurer's ...	—	—	—	—	1	—	1	—	1
Transport ...	6	1	7	—	18	—	31	1	32
Weights & Measures ...	—	—	—	—	—	—	—	—	—
Welfare (incl. East Haven Hos.) ...	—	—	—	—	3	12	3	12	15
Children's ...	—	—	—	—	1	3	1	3	4
Magistrates' Clerk's ...	—	—	—	—	1	—	1	—	1
TOTALS ...	22	1	28	2	97	127	147	130	277

§ 5. WATER SUPPLY AND SEWAGE DISPOSAL

The following information has been kindly provided by the Water Engineer, Mr. G. S. Short, M.A., LL.B., M.I.C.E., A.R.I.C.S., to whom I am indebted :—

“Water Supply—The Supply is pumped from the River Tees, is treated with alumina ferric and with sodium aluminate and is passed to the settling tanks where it remains for a period of about six hours. Water is then pumped through pressure filters and after filtration is treated with chlorine and ammonia. To counteract the possibility of plumbo solvency, lime is added before the water leaves the works.

“During the year bacteriological examinations of the raw, filtered and chlorinated water were made on 156 occasions and on tap water from different areas of the town on 50 occasions.

“Details of the total water consumption per year since 1958 are given below. The figures for 1958 to 1960 include water supplied in bulk to The Tees Valley and Cleveland Water Board.

Year ending 31st December	Gallons Pumped
1958	2,060,310,000
1959	1,991,720,000
1960	2,039,230,000
1961	2,031,665,000
1962	2,045,440,000
1963	2,135,810,000
1964	2,202,160,000
1965	2,240,560,000
1966	2,216,950,000
1967	2,089,960,000

“In accordance with the requirements of the Water Resources Act, 1963, the corporation has received from the Northumbrian River Authority a Licence-of-Right to abstract Darlington’s requirements from the River Tees on the basis of consumption over the past five years.

“During the latter part of 1967, The Tees Valley and Cleveland Water Board commenced on an impounding reservoir at Cow Green in upper Teesdale, to conserve water in the gathering grounds and form a river regulating scheme for the River Tees for supplying water to industry on Teesside.

“Darlington’s supply is pumped, after treatment, direct to the town and to a 7 million gallon service reservoir at Harrowgate Hill.

“In order to guard against the possibility of typhoid infection it has been and will be the regular practice to examine all employees of the Water Undertaking before they commence work.

“The approximate number of dwelling houses within the Borough is 29,235. The whole of these are supplied by water mains direct into the houses, except three which are supplied by stand-pipes, i.e. out of a total population of 84,640 twelve are served by stand-pipes.

“Sewerage.—During the year work on the main outfall sewer between Feethams and Leadenhall Street has continued. The part from Feethams to Russell Street is now in use and the main work to be carried out is the interception of the Cocker Beck Valley Sewer in Leadenhall Street. Design work is in hand for the future extension of the sewer to Haughton.

“Construction commenced on sites for industry North of Yarm Road and sewers were laid by Contract between June and December, 1967, to coincide with the opening of the first site developed.

“Sewage Purification Works. — The new extensions were put into operation in July of 1967. These have efficiently doubled the size of the treatment works. The Works are now able to give full treatment to flows up to three times the estimated Dry Weather Flow of 4.25 million gallons per day. The new works, treating 50% of this total, operate by either recirculation or alternating double filtration. Pipe work and channels have been installed of sufficient capacity to cope with further extension to a Dry Weather Flow of six million gallons per day. The heated sludge digestion plant has not yet been commissioned. It is expected to be in operation early in 1968.

Broad irrigation over Stressholme Farm was discontinued in mid-1967. Part of the land is now in use to extend liquid sludge disposal facilities and the remainder is let to neighbouring farmers on a short-term basis.

A standard form of Trade Effluent consent has been decided. This, together with a direction issued to one other firm with an existing Consent, has meant that seventeen firms are now subject to trade effluent control.

Disposal of the Dead.—Three cemeteries with a total area of 93 acres of which 61 acres are laid out situated in different parts of the town provide adequate facilities for burial. These cemeteries are properly planned and are well maintained.

“The Corporation have taken over the service of the Crematorium in the West Cemetery.”

§ 6. PUBLIC BATHS DEPARTMENT

The Public Baths Department is comprised of two swimming pools and warm bath suites :—

The Gladstone Pool—100 ft. x 40 ft. (3½ ft. to 7 ft. depth) capacity 140,000 gallons. 79 cubicles and 100 clothes lockers provide dressing accommodation for 250 persons. This pool opens for bathing generally by 1st April, and closes midway through September. During the 1967-68 year 96,104 attendances were recorded,

The Kendrew Pool—100 ft. x 48 ft. ($2\frac{1}{2}$ ft to $5\frac{3}{4}$ ft. depth), capacity 100,000 gallons. 78 cubicles and a basket cloakroom accommodates 300 people. The overall shallowness of this pool provides ideal facilities for teaching swimming, and it is largely used by the Education Committee for organised school classes who attend throughout the year. This is the pool most popular with family bathers and children, 234,734 attendances were recorded during 1967-68.

Ladies' and Gents' Warm Baths.—14 cubicles in all. With the building of new housing estates and the modernisation of old housing all possessing integral baths facilities, the demand for warm baths has for some years been steadily declining, but a useful service is still provided. 8,772 attendances were recorded in this section during 1967-68.

Altogether for the full year 1967-68, 339,610 people enjoyed one or other of the departments bathing facilities.

Organised Swimming

Department Tuition Classes—organised by the Baths Department for children between the ages of 7 to 11 years, are most successful and there is generally a waiting list of children's names who wish to attend. During the last year 351 corporation certificates have been awarded to children successfully swimming unaided the width of the Kendrew Pool (48 ft.). Since the commencement of the scheme over 4,912 children have qualified for this certificate.

Poliomyelitis and Handicapped Children's Classes—this class is an exclusive session for anyone who is handicapped either mentally or physically. All enjoy the warm water (80 degrees F.) and many are attaining some ability, even swimming, in these specially reserved sessions.

Adult Classes—sponsored by the Central Council for Physical Recreation, this activity fills an important need and provides swimming teaching for adult non-swimmers. Three courses were held during the winter months.

Darlington Schools—the demand by the schools for swimming facilities continues to grow from year to year, and 90,814 attendances were recorded of Darlington school children visiting the baths during the year. A number of private schools in the area also use the baths regularly.

Water purification in Swimming Pools.—To attain and maintain Ministry of Health recommended standards of bacteriological safety the water in both pools is continuously circulated with a three hour turnover period, through a battery of sand filters. Treated by the 'breakpoint' method of water sterilisation resulting in the provision

at all times of a sterile water comparable to drinking water, and of crystal clear blue colour. The water is reheated to a temperature of 80 degrees F., before returning to the swimming pools. In maintaining the safe and comfortable water conditions demanded by the public, over 3,000 tests of the pool water were taken during the year for temperature, pH., total alkalinity, and for Chlorine residuals. Additional to this total, a total of 76 samples of pool water were sent to the Public Health Laboratory for bacteriological examination, and certified by the authorities to be pathologically safe and equal to the standards required by the Ministry of Health.

PART VIII

Sanitary Circumstances**REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR**

I have pleasure in presenting my annual report of the work carried out by the Public Health Inspector's Department during 1967. The fact that the year was the centenary of Darlington's incorporation as a Borough gives cause for reflection on how different must have been the subject matter in the report of my worthy predecessor of 100 years ago from that which I now present. From the conditions which then abounded of squalor, poverty, overcrowded and insanitary courts and yards and general lack of sanitation has evolved the Darlington as we know it today, and I feel a sense of personal satisfaction that I have been privileged to share with others the task which has brought about some of those changes.

The process of evolution will, of course, continue, and progressive improvement in environment will always bring about a greater awareness of the adverse factors which remain. Two such factors towards which there is a growing public consciousness are noise and air pollution. Such powers as we have to deal with the former can have little impact on the continuously increasing level of background noise from road traffic, but we can and do direct our efforts to the reduction of noise from certain other sources. In the matter of air pollution, there is a great deal more that could have been done to control smoke from domestic chimneys. Although we have had the necessary power for 11 years, the progress made in this field has been almost negligible, and it is regrettable that during that period, the extensive areas that have been developed for residential purposes have not been brought under smoke control. I would like to emphasise that enthusiasm for the task is not lacking in my department.

On the brighter side of my report, I am happy to draw attention to the number of houses represented in clearance areas which has exceeded the target of 200. I am also happy with the progress made in the survey of shops and offices as there were few premises remaining at the end of the year which had not received an initial inspection. It may be of interest to comment here that our own offices were inspected by a factories inspector and for a change, we were at the receiving end of suggestions for improvement.

Our departmental display at the centenary exhibition aroused considerable interest, and numerous people expressed surprise at the extent and variety of the work in which we are involved. The ensuing pages give some indication of that variety.

In conclusion, I have pleasure in expressing my thanks to the members of the Health Committee and to the Medical Officer of Health for their support and encouragement, and to my staff for their loyalty throughout the year.

I have the honour to be,

Your obedient Servant,

F. WARD,

Chief Public Health Inspector and
Inspector of Meat and Other Foods.

§ 1. ANALYSIS OF INSPECTIONS

Housing Conditions

Housing inspections	...	...	...	...	1,224
Slum clearance	...	...	...	...	1,255
Improvement grants	...	...	...	...	233
Certificates of disrepair	...	...	...	...	9
Re-inspections	...	...	...	...	1,440
Overcrowding and re-housing investigations	...	...	...	...	31
Living vans	...	...	...	...	448
Common lodging houses	...	...	...	...	5
Sundry nuisances	...	...	...	...	304
Interviews with owners, builders, etc.	...	...	...	...	2,611
					7,560

Food Inspections

Abattoir	...	...	...	...	677
Private slaughterhouses	...	...	...	...	1,121
Registered food premises	...	...	...	...	213
Food shops	...	...	...	...	1,429
Unsound food	...	...	...	...	377
Catering premises	...	...	...	...	202
Bakehouses	...	...	...	...	126
Fish friers	...	...	...	...	67
Ice cream manufacturers	...	...	...	...	16
Ice cream vendors	...	...	...	...	425
Dairies and milk shops	...	...	...	...	341
Licensed premises and clubs	...	...	...	...	56
Market shops and stalls	...	...	...	...	771
Samplings	...	...	...	...	118
					5,939

Sundry Inspections

Rat infestation	...	...	...	...	2,400
Infectious diseases and contacts	...	...	...	...	108
Offices, shops and railway premises	...	...	...	...	1,680
Factories, outworkers and workshops	...	...	...	...	182
Pharmacy and poisons	...	...	...	...	18
Offensive trades	...	...	...	...	69
Smoke abatement	...	...	...	...	1,024
Disinfections and disinfestations	...	...	...	...	155
Pet animals	...	...	...	...	117
Miscellaneous inspections	...	...	...	...	1,672
Ineffective visits	...	...	...	...	1,687
					9,112

Total Inspections

Housing conditions	...	...	...	...	7,560
Food inspections ...	...	...	...	...	5,939
Sundry inspections	...	...	...	...	9,112
					22,611

Nuisances and Complaints

There were 553 complaints investigated during the year, which figure excludes complaints of rodent infestation and certain insect infestations dealt with directly by the rodent operative/general assistants.

By far the greatest number of complaints related to housing defects while others included complaints of foreign bodies in food, unpleasant odours, deposits of rubbish, noise and pigeons.

In July, a low-lying area of the town, already represented as a slum clearance area to the Health Committee, became flooded following a heavy thunderstorm and aggravated by sewerage works being carried on in the area. The Health and other departments co-ordinated to give all possible help to the occupiers of flooded houses in the area, and this included the cleansing of carpets, provision of heaters for drying-out purposes, and the issue of disinfectant.

Further flooding occurred during October and November in two other low-lying areas of the town and the River Authority was contacted with a view to increasing the height of the retaining walls of the River Skerne.

Noise Abatement Act, 1960

There were 17 complaints of noise investigated during the year, and most of these concerned noise from industry.

One particular firm has been the source of many complaints from residents in the vicinity, and the firm is going to a great deal of trouble and expense in seeking to provide a remedy. It must be recognised, however, that the process involved is a specially noisy one which poses a problem to which there is no easy solution. An application for development of land adjacent to the site of this firm to provide for industry, housing, a school and open space was considered during the year but no decision was reached.

An important step forward in the assessment of nuisance from noise came with the introduction of a British Standard which specifies a method of measuring noise from industrial premises and applies corrections according to its character and duration. This corrected level of noise is compared with a criterion which takes account of various environmental factors and background noise level, and thus it can be determined whether the noise level is likely to cause annoyance.

Insect Pests and Disinfestation

The following table shows the number and type of infestation, etc. dealt with during 1967 :—

Council house re-letting	478
Ants	3
Bugs	2
Cockroaches	12
Crickets	3
Fleas	2
Flies	1
Mosquitoes	1
Silverfish	2
Wasps	38

During the year, events have proved again that there is still an occasional need for the Corporation's cleansing station. The facilities are under the supervision of the Welfare Department, and a system has evolved whereby cleansing and disinfestation will be afforded only to individuals who bear notes of authority issued by the public health inspector. Notes were issued to 2 persons whose bodies and clothing were in a verminous condition.

Pigeons

13 complaints were received from residents regarding the nuisance caused by pigeons roosting on their properties, with consequent disfigurement of paintwork and blocking of pipes and gutters.

Advice on remedial measures has been given, and in certain instances, a limited success has been achieved by the use of a pigeon trap loaned by the Department.

The problem could have been much worse but for the efforts of a local pigeon fancier who informed us that he had waged a private war on feral pigeons which fanciers apparently regard as a menace to their own birds. He claims that his methods have reduced the numbers of feral pigeons by several hundred.

§ 2. LIVING ACCOMMODATION

Repairs	Informal Action	Number of Houses
(1) Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts		95
(2) Number of houses in which insanitary conditions, not strictly of a structural character, were remedied		45

Action under Statutory Powers

	Number of Houses
(a) Proceedings under Section 9, Housing Act, 1957 :	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	7
(2) Number of dwelling houses rendered fit after service of formal notices	2
(a) by owners	2
(b) by Local Authority in default of owners	—
(b) Proceedings under the Public Health Acts :	
(1) Number of dwelling-houses in which defects were remedied after service of formal notices :	
(a) by owners	101
(b) by Local Authority in default of owners	—
(2) Number of properties in which insanitary conditions not strictly of a structural character were remedied after service of notices	20
(3) Total number of defects remedied as a result of formal and informal action	1,905

Demolition and Closing Orders Housing Act, 1957

	Houses	Persons Displaced
(a) Houses closed in pursuance of an under- taking given by the owners under Section 16 and still in force	6	18
(b) Demolition or Closing Orders made under Section 17(1) and 18(1)	7	24

Clearance Areas

During the year, official representations were made in respect of the following areas :—

Area	Number of Properties
Chesnut Street No. 1 C.P.O.	39
Chesnut Street No. 2 C.P.O.	21
Garden Street C.P.O.	18
Lowson Street C.P.O.	10
Backhouse Street C.P.O.	121
	209

The Minister confirmed the following Orders :—

Area	Number of Properties
Stockley Terrace C.P.O.	26
Cumberland Street C.P.O.	7
Arden Street and Beaumont Street C.P.O. ...	41
Cleveland Street (No. 2) C.P.O.	6
Leadenhall Street and Lambton Street C.P.O. ...	23
Wooler Street (No. 2) C.P.O.	20
	123

93 houses included in Russell Street (No. 1), Alliance Street (No. 2), Potter's Yard, Whessoe Road, Boyne Street, Stockley Terrace, Cumberland Street, Cleveland Street (No. 2) and those remaining in Russell's Yard C.P.O.s have been demolished during the year.

Housing

A national survey of the condition of housing throughout the country was carried out during the year, thus implementing one of the recommendations contained in the report of the Central Housing Advisory Committee on standards of housing fitness. 250 local authorities, including our own, were visited by a team of public health inspectors and a random sample of some 6,000 dwellings throughout the country were surveyed. Results of the survey have not yet been made known.

The report referred to, entitled "Our Older Homes—A Call for Action," was considered in detail at a special conference held by the Association of Public Health Inspectors, and attended by the Chairman of the Health Committee and the deputy chief public health inspector.

The recommendation in the report to make minor amendments to the minimum standard of fitness for houses was criticised by the Association as being too low in that the proposed standard did not include hot water supply over a sink nor did it include facilities for space heating.

The Association also believed that local authorities should be empowered to require works to remedy defects of maintenance as distinct from defects of unfitness in order to arrest decay in its early stages. Within the present legal framework, the certificate of dis-repair procedure can produce a more satisfactory standard of maintenance than is available under the Housing Acts, but unfortunately it requires a tenant to initiate the rather cumbersome procedure.

Caravan Sites

A circular from the Ministry of Housing and Local Government entitled "Gypsies and other travellers" urges local authorities to provide properly equipped sites and emphasises that needless moving on of gypsy families from one area to another should not take place,

Each year, we have our share of the problem of gypsies pulling on to open spaces, and on several occasions, the provision of a site has received consideration. Until a suitable location is found, it is inevitable that some moving on must take place in order to restrict the problem to manageable proportions. The majority of the regular visitors are now known to us, and they know they can usually look forward at least to a short stay without undue harrassment.

Common Lodging House

There is one Common Lodging House on the register at which 98 beds are available, and 5 inspections were made during the year.

The premises have been administered by Captain H. Carrol who retired in September on grounds of ill-health and who was succeeded by Captain C. Huggins. Works of repair and decoration have been carried out and satisfactory conditions have been maintained.

Improvement Grants

Detailed inspections of dwellings have been made in respect of 72 applications for discretionary grants and 153 for standard grants and specifications have been drawn up wherever necessary to ensure that the houses, when improved, will also have been repaired to a satisfactory standard.

The Council made approaches to the Association of Municipal Corporations and to the Minister of Housing and Local Government about the possibility of introducing legislation to reduce the minimum periods of fitness of dwellings after improvement from 15 to 10 years and 30 to 20 years in the case of standard and discretionary grants respectively. There appears to be little hope of early legislation and it was pointed out that local authorities had been advised that applicants for standard grants should be given the benefit of the doubt. In certain circumstances, discretionary grants were payable in respect of houses which were likely to provide satisfactory housing accommodation for more than 15 years.

Water Supplies

A letter from the Ministry of Health drew the attention of local authorities to their statutory duty to ascertain the sufficiency and wholesomeness of the water supplies within their district, with special reference to the concentration of lead in plumbo-solvent waters. The W.H.O. International Standards for Drinking Water had given a figure of 0.05 milligrammes per litre as the upper limit in supply.

Accordingly, your public health inspector took two samples of water and submitted them to the public analyst, the Surveyor of the Darlington Rural District Council took two samples of Darlington water supplied to his area and submitted them to the County analyst, and the Water Engineer took several samples for analysis by his chemist. All samples were taken after having remained static in lead

pipes for a minimum of 24 hours. The findings in general were that the water was satisfactory and that its pH value and characteristics were not consistent with water having a plumbo-solvent action.

Applications made under the Act during the year are as follows :

RENT ACT, 1957

(a) For Certificates of Disrepair	3
(b) Certificates refused or withdrawn	—
(c) Undertakings received	2
(d) Certificates issued	1

§ 3. OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Premises registered and inspections carried out during 1967 are shown below :—

Class of Premises	Number of Premises registered during the year	Total number of Registered Premises at end of year	Number of Registered Premises receiving a General Inspection during the year
Offices	25	237	106
Retail shops	79	541	458
Wholesale shops, warehouses	10	48	5
Catering establishments open to the public, canteens ...	5	60	14
Fuel storage depots	—	—	—
Total	119	886	583

Number of visits of all kinds by Inspectors to Registered Premises—1,680.

Analysis of Persons employed in Registered Premises by Workplace

Class of workplace	Number of persons employed
Offices	2,867
Retail shops	3,557
Wholesale departments, warehouses	445
Catering establishments open to the public ...	600
Canteens	64
Fuel storage depots	—
Total	7,533
Total males	2,693
Total females	4,840

Analysis of Contraventions

	Found	Remedied
Cleanliness	21	13
Overcrowding	—	—
Temperature	113	83
Ventilation	3	1
Lighting	10	5
Sanitary conveniences	106	68
Washing facilities	36	24
Supply of drinking water	4	3
Clothing accommodation	1	2
Sitting facilities	1	3
Seats (sedentary workers)	—	—
Eating facilities	2	2
Floors, passages and stairs	49	28
Fencing exposed parts of machinery ...	17	11
Protection of young persons from dangerous machinery	—	—
Training of young persons at dangerous machines	—	—
Prohibition of heavy work	—	—
First Aid General provisions	65	43
Abstract	136	96
Total	<u>564</u>	<u>382</u>

More time has been spent on administering the provisions of the Act this year than at any time since its inception in 1964, with the result that the majority of premises falling within the scope of the Act have had an initial inspection. Those that have not are mainly offices and of course there will be a fair number of premises which have not yet been registered because their occupiers have failed to fulfil their statutory obligation to do so. Eventually, all premises will be brought on to the register, but keenness of observation on the part of inspectors will always be necessary to detect changes of occupation which have not been registered. Such changes are not always obvious, especially in the family business which commences to employ assistants.

The analysis of contraventions appears to present a picture of many adverse conditions in places of employment, but in fact many were not of a serious nature and referred to miscellaneous requirements such as the display of notices and signs and the provision of thermometers and first-aid materials. Nevertheless, many worthwhile improvements have been secured, especially in the provision of appliances for increasing temperature, and for the provision of hot water for washing.

We have continued our policy of sending written requests for attention to contraventions and they usually result in compliance with requirements. In only one case was it necessary to resort to

legal proceedings, and this followed only after repeated visits and correspondence had failed to bring about the desired improvement.

The following brief notes are appended on some of the problems encountered under the several headings :—

Cleanliness. In relation to walls and ceilings, it is frequently necessary to think in terms of re-decoration although this can and has been resisted on the grounds that re-decoration is not a statutory requirement. It is hoped that regulations on similar lines to those applicable to factories will resolve any doubts.

Temperature. The premises mostly in need of improvement and in which a considerable number of persons are employed are not yet covered by the Act. I refer to the Covered Market, but appreciate the need to restrict expenditure on premises with a limited future life.

Ventilation and Lighting. Regulations applying standards would be welcome as a means of resolving frequent doubts as to what is reasonable.

Floors, Passages and Stairs. In the context of the requirement that floors shall be of sound construction and properly maintained, it is usual to include worn floor covering as presenting a potential hazard. It is a pity the section was not more specific on this point.

In premises where space is restricted, there is a tendency to store material on stairs and passages. It is often necessary to explain the inherent dangers in this practice before the wording of the section relating to obstructions is fully appreciated.

Machinery. An apparent danger from certain types of hoists is not adequately covered by the Act.

Analysis of Reported Accidents

	Offices	Retail Shops	Wholesale Warehouses	Catering Estabs. & Canteens	Fuel Storage Depots
Machinery	—	5	—	—	—
Transport	—	—	—	—	—
Falls of persons ...	1	9	—	1	—
Stepping on or striking against object or person	—	—	1	—	—
Handling goods ...	—	6	1	—	—
Struck by falling object	—	—	—	—	—
Fire and explosions	—	—	—	—	—
Electricity	—	—	—	—	—
Use of handtools ...	—	—	—	—	—
Not otherwise specified	2	—	—	—	—
	3	20	2	1	—

One of the accidents referred to in the list involved an employee whose arm was trapped during his descent in a passenger lift, and it was fortunate that the consequences were not as serious as they might have been. The accident defied logical explanation as the lift was in good order, regularly serviced, and fitted with proper safety devices.

Failure on the part of an employer to notify forthwith to the Council an accident which occurred on his premises resulted in a letter of warning being sent. Notification was ultimately given.

§ 4. FOOD HYGIENE

2,109 visits have been made to the following food premises to check that the requirements of the Food Hygiene (General) Regulations, 1960 are being observed.

Type of Business	No. of premises	No. complying with Reg. 16 (wash-hand basins)	No. to which Reg. 19 applies (sinks, etc.)	Complying with Reg. 19 (sinks, etc.)	No. of visits
Retail food shops	425	424	418	417)	
Wholesale food premises	19	19	19	19)	1,429
Registered food premises (Sec. 16(1)(b))	47	47	47	47	213
Ice cream manufacturers	12	12	12	12	16
Catering premises	65	65	65	65	202
Fish friers	43	43	43	43	67
Bakeries	34	34	34	34	126
Licensed premises	66	66	66	66	56
Total	<u>711</u>	<u>710</u>	<u>704</u>	<u>703</u>	<u>2,109</u>

In addition, 1,537 visits have been made to premises, stalls or vehicles in respect of the undermentioned activities :—

Type of Business	No. of premises, etc.	No. of visits
Mobile shops and delivery vehicles	87)	
Market stalls	73)	771
Vendors of pre-packed ice cream	321)	
Vendors of unwrapped ice cream	39)	425
Dairies other than dairy farms	4)	
Milk distribution premises (ready bottled milk)	194)	341
Total	<u>718</u>	<u>1,537</u>

The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966 came into force on 1st January. A register was compiled and 771 visits made to 160 stalls, delivery vehicles and mobile shops coming within the scope of the Regulations. Contraventions found included the following :—

				Found	Remedied
Name and address	...	...		75	57
Covering of stalls	...	...	...	5	1
Wash-hand basins	...	...		17	8
First-aid	...	...	...	21	12
Sinks	...	...	...	5	3
Receptacles	...	...	...	14	6
Floors	...	...	...	2	2
Lighting	...	...	...	4	4
Cleansing	...	...	...	1	1

Food traders shoulder a heavy responsibility in complying with regulations which are designed primarily to protect their customers, but most of them realise that it is also in their own interest to maintain the highest possible standards of hygiene. In these days of frequent staff changes, employers themselves must be enthusiastic supporters of the hygiene code, otherwise there is little hope that uninitiated newcomers will be guided in the right lines. To them, some of the legal requirements may seem unreasonable or unnecessary and it is our job to interpret them and explain their true purpose to show that most regulations are well-founded.

Standards in relation to structure, equipment and fittings have improved so much in recent years that in most good-class premises they go well beyond the minimum that regulations can require. It is therefore pertinent to suggest that the regulations are due for overhaul and amendment. In this respect, I refer to the Milne report of 1964 following the Aberdeen typhoid outbreak in which it was urged that cold cooked meats should not be displayed at a temperature of more than 40 degrees fahrenheit, yet it is not uncommon to see cooked meats, chickens, chicken portions and similar susceptible foods in warm shops and windows. Little do some people realise the ability of harmful germs to multiply rapidly by a simple process of sub-division and that in conditions really favourable to their growth, one germ can produce several thousand million of its kind within a few hours.

§ 5. FOOD AND DRUGS ACT, 1955

The following is a list of foods which have been submitted for chemical analysis :—

	No. of samples	No. found to be unsatisfactory
Cream	1	—
Drugs	1	1
Ice cream	1	—
Meat products	7	—
Milk	94	2
Sausages	1	—
Soft drinks	2	—
Wine	1	—
Sundry	31	2
	139	5

In addition, 4 samples of pears, butter, milk and dripping were taken to ascertain their freedom from organohalide pesticides, and certified by the Public Analyst to be satisfactory.

Details of the 5 unsatisfactory samples are as follows :—

1. 24 hour herbal cold tablets. Slightly misleading label indicated freedom from drugs whereas one ingredient was a naturally occurring drug.
2. Milk (consumer complaint). Contained small deposit of starch grains.
3. Milk. Slightly deficient in fat.
4. Cottage cheese. Label did not conform to requirements of the Cheese Regulations, 1965.
5. Tinned tomatoes. Blown tin, contents unfit by reason of iron content. The condition of the tin was typical of many others in a large consignment which eventually was withdrawn from sale as a result of our representations.

The bulk of milk samples are tested on our own apparatus. Other samples are selected with care in order to bring in commodities of local production or those which are unlikely to receive repeated attention by other authorities throughout the country. Those of us who are participating in the scheme for sampling of food for pesticide residues have appreciated the value of zoning which has resulted in a comprehensive cross section of foods being taken without wasteful sampling, and feel that a similar scheme is worthy of consideration for all sampling of food and drugs.

A total of 57 food complaints were made during the year, all of which received a searching investigation, and those found to be justifiable and in which the evidence appeared to be reasonable were reported to the Health Committee. Out of 25 cases reported, the Committee authorised legal proceedings in 15 cases, of which 7 were subsequently withdrawn, and letters of warning in 10 cases.

Details of legal proceedings are as follows :—

1. Glass in mineral water—Fined £20 + £8 8s 0d costs.
2. Insect in grapenuts—Fined £10 + £3 3s 0d costs.
3. Finger dressing in bread—Fined £5 + £2 2s 0d costs.
4. Mould in bread buns—Fined £10 + £10 10s 0d costs.
5. Hairgrip in bottle of milk—Fined £15 + £4 4s 0d costs.
6. Mould in pork pie—Fined £10 + £3 3s 0d costs.
7. Mould in corned beef—Fined £10 + £4 4s 0d costs.
8. Mould in piccalilli—Fined £5 + £3 3s 0d costs.

It is necessary for retailers who wish to keep out of trouble in respect of food becoming mouldy or stale to have a proper system of stock rotation. They should adopt a system of date stamping or coding, so that they and their staff are always aware of the date of delivery of a commodity to their premises or the expiry date of its accepted shelf-life. Prolonged storage of food, often far in excess of the optimum shelf-life, is the commonest cause of food being out of condition, and the public have a right to expect protection against carelessness or malpractices which affect adversely the food they buy.

74 samples of human faeces were taken and submitted to the Public Health Laboratory in connection with 16 cases of suspected food poisoning of which 3 cases were reported to be positive.

60 samples were reported to be negative and of the remaining 14 samples :—

- 2 samples from 2 patients were reported to be salmonella typhimurium.
- 11 samples from 5 contacts were reported to be salmonella typhimurium.
- 1 sample from 1 patient was reported to be shigella sonnei.

The patients and contacts having salmonella typhimurium were from two different dwellings but had family connections. The infection was discovered when a patient was admitted to Hundens Hospital. He subsequently died and the cause of death was stated to have been heart failure; salmonella typhimurium was coincidental. All contacts were traced, and faeces samples taken revealed a further

patient and 5 symptomless carriers. During investigation, it appeared that a small outbreak of salmonella typhimurium had occurred in a neighbouring town which the first patient had visited and from a suspect shop in which he had bought and consumed cooked food, trifle, etc.

In an effort to trace the source of infection, the following samples were also sent for bacteriological examination :—

Beef sausage meat.

Scotch egg.

Mouse droppings.

Faecal matter from a dog and hens and hen-houses.

All the samples were reported to be negative.

§ 6. PRODUCTION AND DISTRIBUTION OF MILK

The total number of persons/premises on the Register is as follows :—

Dairies	Other than Dairy Farms	4
Distributors	(a) Bottled milk only (as received)	194
	(b) Residing outside, but retailing inside the Borough	5

Certain changes have taken place in the distribution system from two large dairies, the effect of which is that all milk roundsmen operating from these dairies are now self-employed and in effect are registered proprietors of their own milk distribution businesses. The slogan "It pays to advertise" is not readily adopted by some of these people who seem to be reluctant to display their names and addresses on their vehicles as required by Milk and Dairies Regulations. A circular has been issued to make this requirement known to all concerned.

Bacteriological Examination of Milk

Samples have been taken throughout the year as a check on the efficiency of the pasteurising plants and the cleanliness and keeping quality of all milk retailed in the Borough with the following results :

Designation	Appropriate Tests	Number Examined	Number Unsatisfactory
Pasteurised	Methylene Blue	55	1
	Phosphatase	55	0
Untreated	Methylene Blue	22	1
Sterilised	Turbidity	0	0
	Total	132	2

The facts concerning the unsatisfactory samples were reported to the appropriate authority for investigation, and further samples taken were reported to be satisfactory.

13 samples of milk bottles were taken to check the efficiency of bottle-washing plant and reported to be satisfactory.

Examination of Milk for Infection and Antibiotics

A periodical check of all milk sold in the Borough, particularly that which is not subjected to heat treatment, is made to ascertain its freedom from tubercle bacilli, brucella abortus and antibiotics. During the year, the following samples were submitted to the Public Health Laboratory :—

Designation	Appropriate Tests	Number Examined	Number Unsatisfactory
Untreated	Tubercle Bacilli	22	0
	Brucella Abortus	22	0
	Antibiotics	22	0

Production and Distribution of Ice Cream

Registered premises or persons are as follows :—

Manufacturers (Hot mix)	6
Manufacturers (Cold Mix)	6
Vendors (Pre-packed)	321
Vendors (Unwrapped)	39

8 samples of ice cream were taken and submitted for bacteriological examination. All the samples were reported to be satisfactory with the exception of one. Visits were made to the place of manufacture and advice given, and further samples taken were reported to be satisfactory.

§ 7. INSPECTION OF MEAT AND OTHER FOODS

The following table sets out the respective slaughtering figures for the Abattoir and private slaughterhouses. Post-mortem examination has been made of all animals and ante-mortem examination whenever practicable.

Slaughtering Totals 1967

	Cattle	Calves	Sheep	Pigs	Total
Abattoir	13,471	1,381	35,881	17,471	68,204
Private Slaughterhouses	1,874	25	6,843	3,790	12,532
Total	15,345	1,406	42,724	21,261	80,736

Carcases and Offal inspected and condemned in whole or in part

	Cattle excl'g Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	11,410	3,935	1,406	42,724	21,261	—
Number inspected	11,410	3,935	1,406	42,724	21,261	—
All diseases except tuberculosis and cysticerci						
Whole carcases condemned ...	30	40	20	92	78	—
Carcases of which some part or organ was condemned	870	997	4	1,989	1,050	—
Percentage of the number inspected affected with disease other than tuberculosis or cysticerci	7.78	26.35	1.71	4.87	5.31	—
Tuberculosis only						
Whole carcases condemned ...	—	1	—	—	—	—
Carcases of which some part or organ was condemned	5	4	—	—	48	—
Percentage of the number inspected affected with tuberculosis	0.04	0.13	—	—	0.23	—
Cysticercosis						
Carcases of which some part or organ was condemned	4	—	—	—	—	—
Carcases submitted to treatment by refrigeration	2	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

The following samples were taken during routine sampling at slaughtering and meat manufacturing premises to detect the incidence of salmonella organisms :—

Samples submitted to the Public Health Laboratory	Samples reported to be positive	Total positive Salmonellae
121 pig faeces	—	—
80 pig caecal swabs	—	—
80 pig mesenteric glands	1 salmonella typhimurium	1
12 drain/sewer swabs	—	—
Total 293		1

46 licences were issued to slaughtermen employed at the abattoir and private slaughterhouses. The slaughtermen referred to have carried out their duties satisfactorily during the year.

Meat Inspection Regulations, 1963

All animals slaughtered during the year have been examined in the manner prescribed by the Regulations, and the carcasses of all those found to be fit for human consumption have been stamped by the inspecting officers.

Charges have been made within the prescribed limits which, in Darlington, are calculated to cover the cost of the service, and have yielded an income as follows :—

Abattoir	...	...	...	...	£2,644	9s	5d
Private slaughterhouses				...	£548	7s	9d
Total	...	...	...	...	£3,192	17s	2d

Slaughterhouse Hygiene

Apart from our own inspections of slaughterhouses, which are usually made during visits for meat inspection, there is at least one inspection per annum carried out by a veterinary officer of the Ministry of Agriculture, Fisheries and Food, presumably for the purpose of bringing about some degree of uniformity in the administration of regulations. A newcomer to premises with which we have become all too familiar can usually be relied upon to make some constructive criticism and in this respect the inspections have been of some value.

The Slaughterhouses (Hygiene) (Amendment) Regulations, 1966 came into operation on 1st February. As a result of their requirements, improved apparatus for the sterilisation of wiping cloths has been installed at the public abattoir.

The removal from the main slaughterhall of rinsing tanks which we considered to be unhygienic resulted in some dissatisfaction amongst the slaughtermen which culminated in a meeting between ourselves and their spokesmen and a union representative to discuss their grievances. Solutions to the problems were found, and the value of such meetings between management and operatives will not be lost sight of.

It is suspected that the limitation to 72 hours of the period in which animals may be kept in lairage is not always strictly observed, and it must be confessed that those who are charged with the enforcement of this regulation in the abattoir lairage, where constant addition to and removal of stock is taking place, have a very difficult task. Circular letters have been sent to the meat wholesalers stressing the purpose and importance of the regulation.

In the matter of personal hygiene, we have exercised a greater insistence than hitherto on the use of washable protective clothing.

This has stemmed from a much narrower interpretation of the regulation from which has followed our refusal to accept as protective any normal wearing apparel even though it is clean and washable.

Condemned Meat and Other Food

Carcases and portions thereof, and organs having a total weight of 39 tons 11 cwts 3 stones 13 lbs. were found to be diseased or otherwise unfit for human consumption, as were canned foods and other provisions having a total weight of 4 tons 11 cwts 6 stones 9 lbs.

Disposal of Condemned Food

Condemned meat and offal from the abattoir is collected by a processor specialising in the manufacture of technical oils and fats. The meat is transported in special vehicles equipped with lockable containers to receive the carcasses, and as an additional precaution the latter are slashed and stained green.

Meat condemned at butchers' shops and private slaughterhouses is delivered at the abattoir for collection as above, except in the case of the largest private slaughterhouses where a direct collection is made by the processor.

All other condemned food is surrendered at the Public Health Department and disposed of by controlled tipping.

§ 8. OFFENSIVE TRADES

The number of offensive trades on the Register is as follows :—

- 2 Tripe Boiling
- 2 Fat Refining
- 1 Gut Scraping
- 2 Rag and Bone Dealing.

§ 9. RODENT CONTROL

An improved service has resulted from a reorganisation of the staffing of this section of the department. It followed the retirement of the former disinfecter/general assistant when it was decided that his successor should be a rodent operative in addition to the present one, and that the work of disinfection, disinfestation and miscellaneous duties be shared between them. Their respective fields of operation are the eastern and western halves of the town, but both work together when occasion demands.

Business premises are charged with the cost of time and material, but no charge is made for the disinfestation of private dwellings.

Charges in respect of treatments of business premises amounted to £153 6s 5d during the year.

The 3-year contract for rodent control in sewers by a specialist servicing organisation expired this year. To assess the value of their work, we arranged for the concluding stages to include a widespread test-baiting to be representative of the whole of the town's sewerage system, and this amounted to 14% of the total number of sewer inlets. The second lifting revealed only 29 inlets (approximately 1.6% of total) with any evidence of infestation, and the final stage was a generous re-treatment of sewer sections around those inlets.

The cost of the project probably has been cheaper than we ourselves could have done it by the temporary engagement of untrained personnel, and I think we may conclude that the outcome has been more than satisfactory.

We have discussed with the regional pests officer of the Ministry of Agriculture, Fisheries and Food and with the servicing contractors the appropriate measures which will be necessary to prevent a build-up of infestation, and the outcome will be a much modified programme for the ensuing year.

General

	L.A. Premises	Type of Property Houses	Agricultural Property	Business Premises	Total
No. of properties in L.A. District	135	28,196	28	3,713	32,072
No. of properties found to be infested by rats					
(Major)	1	—	—	4	5
(Minor)	17	355	—	82	454
No. of properties found to be infested by mice					
(Major)	—	—	—	—	—
(Minor)	13	20	—	9	42
No. of visits made to above	94	1,343	25	308	1,770

§ 10. FACTORIES ACT, 1961
Part I of the Act

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	27	8	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	307	153	6	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	28	28	—	—
Total ...	362	189	6	—

2.—Cases in which DEFECTS were found.

Particulars (1)	Number of cases in which defects were found				Number of Cases in which Prosecutions were Instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)By H.M. Inspector (5)		
Want of Cleanliness (S.1) ...	—	—	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	1	1	—	1	—
(b) Unsuitable or defective	7	6	—	2	—
(c) Not separate for sexes	1	1	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	—	—	—	—	—
Total	9	8	—	3	—

Part VIII of the Act
Outwork
(Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwhole some premises (5)	Notices served (6)	Prose-cutions (7)
Wearing apparel Making, etc.	3	—	—	—	—	—
Total	3	—	—	—	—	—

§ 11. MISCELLANEOUS PROVISIONS

There are 33 persons whose names are entered on the list entitling them to sell poisons included in Part II of the Poisons List.

18 visits were made and advice given relative to storage, labelling and sale of the various poisons.

Pet Animals Act, 1961

During the year, licences were issued in respect of 1 shop and 4 market stalls.

117 inspections were made to ensure that the conditions attached to the licences were being observed.

Merchandise Marks Act

These Acts are intended for the protection of home-produced goods rather than as a public health measure. Insofar as foodstuffs are concerned, the positive differentiation between imported and home produce presents the most frequent difficulty in administration. Advice on correct marking is given during routine visits to food shops.

Rag Flock Act, 1961

There were no premises in the County Borough during 1967 required to be registered under the provisions of this Act.

Fertilisers and Feeding Stuffs Act, 1926

The principal requirement of the Act is that fertilisers of the soil and animal feeding stuffs must, within narrow limits of variation, measure up in nature, substance and quality to the details given on the statutory statement to which every purchaser is entitled,

2 formal samples and 11 informal samples were taken during the year, 6 of feeding stuffs and 7 of fertilisers. 1 sample of feeding stuff was reported to be unsatisfactory because of a deficiency in oil, and a formal sample of the same feed taken later was reported to be satisfactory. 3 informal samples of fertiliser failed to comply with their declared composition. In one case, all stocks of the fertiliser were withdrawn from sale; in the second case, advice on mixing was given to the vendor; and in the third case, it was unfortunately impossible to take further samples since none of the stocks in question was available.

Animal Boarding Establishments Act, 1963

The purpose of this Act is to control and license premises where the main activity is the boarding of other people's cats and dogs.

Two such licences were in force during 1967 and the premises to which they referred were maintained and conducted in a satisfactory manner.

Riding Establishments Act, 1964

The Act provides for a system of licensing and inspection by local authorities of riding establishments.

One such licence was issued during the year.



COUNTY BOROUGH OF DARLINGTON

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.

for the

Year Ending 31st December, 1967

ANNUAL REPORT, 1967

School Health Department,
Archer Street,
Darlington.

To the Chairman and Members
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the School Health Service for the year, 1967, being my nineteenth complete year as your Principal School Medical Officer.

As in previous years, I should like to express my thanks and appreciation to the Deputy Principal School Medical Officer, Dr. W. Mary Markham, who has edited the various contributions to this report and made others of her own, as she is well qualified to do since she undertakes the oversight of the School Health Department.

Various aspects of the work carried out are described in the pages which follow and no matter of special importance requires underlining in this introductory letter.

There are, however, some general matters of concern to which I must draw your attention. The first is the serious lack of medical man power in your department. In August we lost the services of Dr. Hannah Newman and during the rest of the year it was impossible to replace her. This was partly due to a dispute over conditions of service between the Management and Employees Side of the Whitley Council but even without such an additional embarrassment, it is improbable that any Medical Officer would have been attracted to the post since no applications have been received to date (May, 1968) after the dispute had been composed. With so small a medical establishment as you at present possess, it is obvious that the loss of one whole-time Medical Officer constitutes a very considerable handicap but it would be useless to increase the establishment when you are unable to secure personnel for such as at present exists.

There is equally a deficiency in the establishment of Health Visitors for whom the authorised number is 18 and of whom you employ at present only 13. Their work can, of course, be supplemented by Assistants, State Registered Nurses who have not in fact taken their Health Visitor's Certificate but though dilution is very valuable, it is not to be recommended as a permanent expedient. As you will appreciate the problem of recruitment of Health Visitors has to some extent been eased by offering training facilities for approved candidates in neighbouring training schools and without this source of new entrants to your service, the situation would be more desperate than it is.

Another matter to which I must refer, is a certain lack of overall liaison between parties concerned in the planning of new school premises. It is to be remarked upon with regret that new schools are arising with very deficient accommodation for the medical functions of your service which, as you will remember, do not consist simply of periodic medical inspections but of the treatment of minor ailments and the attendance of the Educational Psychologist, the Speech Therapist and the Audiometrician to say nothing of dental inspections. Traditionally there may have been on the part of some Educationalists the feeling that the School Health Service was an unnecessary extra but this ought to be a very old fashioned and discredited view at the present time. The School Health Service, whose aim is the maintaining and improvement of health and not merely the detection of defects, is as much an integral part of contemporary education as for instance Physical Training and just as children should be taught to swim so they should with equal conscientiousness be persuaded not to smoke.

This last brings me to the question of health education in the schools which though regarded as a growing point by up-to-date exponents of preventive medicine, has gone by almost total default because of lack of man hours to supply it. I regret that I should have to draw your attention to a somewhat adverse balance for 1967 but it is a sign of a false prophet only to say the smooth things.

Once again I should like to thank the staff, medical, nursing and clerical without whose zealous co-operation the service would not be able to function at all.

I have the honour to be

Your obedient Servant,

JOSEPH V. WALKER.

MEMBERS OF THE EDUCATION COMMITTEE

Ald. A. Brown (The Mayor) to May, 1967

Ald. A. M. Porter, J.P. (The Mayor) from May, 1967

Ald. J. W. Skinner, C.M.I.W.Sc. (Chairman) to May, 1967

Coun. R. S. E. Hoy (Chairman) from May, 1967

Coun. A. Gill (Vice-Chairman) to May, 1967

Coun. T. J. Wiseman (Vice-Chairman) from May, 1967

Ald. H. Hannah (to May, 1967)

Ald. R. H. Loraine, J.P.

Coun. Mrs. S. M. Brown

Coun. Mrs. N. Cottam

Coun. T. Donnelly, J.P. (to Nov., 1967)

Coun. C. Hutchinson, J.P.

Coun. E. Jackson, J.P.

Coun. C. Spence (to May, 1967)

Coun. Mrs. E. M. Hankinson

Coun. S. McLoughlin

Coun. W. P. Newton (from May, 1967)

Coun. R. F. H. Park (from July, 1967)

Coun. M. Robertson (from May, 1967)

Coun. J. C. Whelan (from May, 1967)

Coun. P. Stanford Bewley

(from Dec., 1967)

Miss O. M. Stanton, M.A. (to May, 1967)

Miss P. M. Steele, M.Ed. (from May, 1967)

Teacher Representatives

Mr. B. S. Bowron

Mr. J. D. Lovell (to May, 1967)

Mr. E. L. Robson

Miss W. B. C. Jewsbury (from May, 1967)

SCHOOL MEDICAL AND DENTAL SERVICE STAFF

Principal School Medical Officer

Joseph V. Walker, M.D., M.R.C.P., D.P.H.

Deputy Principal School Medical Officer

W. Mary Markham, B.Sc., M.R.C.S., L.R.C.P., D.P.H., D.C.H.

School Medical Officers

J. L. Stewart, M.D., Ch.B.

Hannah Newman, L.R.C.P., L.R.C.S., D.P.H. (Resigned 31.7.67)

Principal School Dental Officer

P. Waterfall, L.D.S., R.C.S.

School Dental Officers

J. Munro, L.D.S., R.C.S.

Mrs. A. E. Walford, L.D.S. (from 17.4.67 to 9.6.67)

F. B. Taylor (from 2.10.67) (part-time)

Consultant Anaesthetist

A. P. Wright, M.B., Ch.B., F.F.A.R.C.S., D.A. (Eng.) (part-time)

Consultant Ophthalmologists

J. L. Wilkie, M.B., Ch.B., F.R.C.S.Ed. (part-time)

J. McClemon, M.B., Ch.B., D.O.M.S. (part-time)

Consultant Physician in Physical Medicine

D. R. L. Newton, M.R.C.P. (Lond.) D. Phys. Med. (part-time)

Educational Psychologist

John Gordon, M.A., M.Ed., A.B.Ps.S.

Consultant Psychiatrist

L. W. Robinson, M.B., Ch.B., D.P.M. (part-time)

Social Worker

Mrs. M. W. Lawrence, B.A.

Teacher of the Deaf

Miss T. Sproates

Speech Therapist

Miss R. Cushway, (resigned 30.9.67)

Mrs. E. M. Pryce (part-time) (from 16.10.67)

Physiotherapist

Mrs. D. E. Parkin (part-time)

Superintendent School Health Visitor

Miss E. Winch, 1a, 2, 3, 4

Senior School Health Visitor

Miss D. Smith, 1a, 2, 3

School Health Visitors

Mrs. D. Barry, 1a, 1c, 2, 3 (part-time)	Miss A. B. Russell, 1a, 2, 3
Miss E. Jackson, 1a, 2, 3	Miss J. M. Rutter, 1a, 2, 3
Mrs. C. H. Ellis, 1a, 2, 3 (retired 23.6.67)	Mrs. M. P. Wakefield, 1a, 2 (part 1), 3 (from 1.3.67 to 31.10.67)
Mrs. J. M. Preston, 1a, 2, 3	Miss P. Grainger, 1a, 2, 3 (from 11.9.67)
Miss D. S. Owen, 1a, 2 (part 1), 3	Mrs. M. M. Mellors, 1a, 3 (from 11.9.67)
Mrs. M. D. Whalen, 1a, 2 (part 1), 3	Miss E. A. Carswell, 1a, 2, 3 (from 1.12.67)
Mrs. J. Robinson, 1a, 2, 3	
Mrs. D. G. Glanfield, 1a, 2 (part 1), 3	

Assistant School Health Visitors

Mrs. M. Lord, 1a.	Mrs. C. Wake, 1a (from 15.5.67)
Mrs. E. J. Rowland, 1a (to 12.5.67)	Miss V. Humphreys, 1a (from 20.11.67)

Clerks

Miss A. C. Smith (Senior Clerk)	Miss E. C. Shaw (from 9.1.67)
Miss M. Langhorne	Miss S. L. Shields (from 11.9.67)
Miss M. Allen	Miss J. Little (from 2.10.67)
Miss B. Gregg (to 8.9.67)	(part-time)

1. State Registered Nurse: (a) General, (b) Fever, (c) Sick Children.
2. State Certified Midwife.
3. Health Visitor's Certificate of the Royal Society for the Promotion of Health.
4. Nursing Administration Certificate of the Royal College of Nursing.

School Population

Nursery Schools and Classes	...	...	...	583
Primary	...	...	...	7,685
Secondary	...	...	...	5,462
Special	...	...	...	267
Total				13,997

MEDICAL EXAMINATION OF SCHOOL CHILDREN

Routine examinations have again had to be limited to entrants and leavers due to lack of medical and nursing staff. This has been commented on in the introductory letter. While it is appreciated that there is a national shortage of such staff it is more than probable that the local difficulties are increased by the unsatisfactory working conditions provided in the majority of schools and in the office accommodation. Good work can be done in spite of environmental problems but can be done more efficiently and with less strain if suitable conditions prevail.

Special examinations of children in all age groups have been carried out at the request of parents, teachers, health visitors and family doctors. Liaison between the hospital and family doctor

services and the Child Health services have been greatly improved since copies of letters on the discharge of children from hospital have been sent to the Medical Officer of Health. The attachment of Health Visitors to one group of family doctors towards the end of the year added further to closer co-operation.

Provision for mentally and physically handicapped children under five years of age is still inadequate. A few have been given places in Nursery Schools where they respond very well but no special provision has been made for them as regards staff or equipment. Building of a nursery classroom envisaged for Salters Lane School was again postponed.

Miss R. Cushway resigned at the end of September from her post as speech therapist and was replaced by Mrs. E. M. Pryce in the middle of October. She, unfortunately, can only give part-time service but she has the advantage of also working part-time at the hospital and this can be a valuable link.

Other Examinations

School children for part-time employment ...	349
College entrants	90
Teachers and others	48

MINOR AILMENTS CLINIC

The Clinics have been carried out as in previous years. There have been no outstanding epidemics or disorders which merit mention.

Central School Clinic, Archer Street 9—10 a.m. daily

Springfield Clinic, Salters Lane South 9—10 a.m. daily except
Monday

Skerne Park Clinic, Coleridge Gardens 9-30—10 a.m. daily

Alderman Leach Clinic, Leach Grove 1-45—2-15 p.m. on Tuesdays
10—10-30 a.m. on Thursdays

Attendances during the past five years

1967 ...	2,821
1966 ...	3,391
1965 ...	4,365
1964 ...	4,031
1963 ...	2,784

Defects Treated during the past five years

Subjects treated during the past five years		Skin conditions	Eye conditions	Ear, Nose and throat conditions	Miscellaneous conditions
1967	...	317	14	17	150
1966	...	259	18	17	165
1965	...	329	29	36	266
1964	...	303	38	36	268
1963	...	256	20	30	228

SPECIAL SCHOOLS

Salters Lane School

No particular development or change has taken place at this school. The medical, nursing and ancillary staff remain as before.

Modern medical and surgical practice is creating changes in the type of child needing admission. A number of children with congenital heart disorders attend in their early school years but after surgical treatment usually become able to transfer to ordinary schools. It is expected however that the present practice of very early surgical treatment of spina bifida and subsequent survival of seriously handicapped children will present problems hitherto well known in residential establishments but not so common in day schools. Plans for a nursery section to help these children from an early age are on the drawing board but unfortunately the provision of a swimming pool, so urgently needed, has been shelved.

Glebe School

Barnard School eventually closed in March, 1967 and the new school was opened officially in July. The modern layout and equipment was immediately appreciated by staff, pupils and parents. The old animosity towards "the daft school" seems now to have vanished completely. One hopes the feeling that here is a school which is at least as good, if not better, than ordinary schools has been provided for children who need special help with their educational difficulties will prevail. An adequate medical room has been provided. The School Nurse attends daily to deal with minor ailments and is rapidly becoming a potent factor in health education. She has the confidence of the pupils who freely consult her on many problems. The room is also used for medical inspections, speech therapy, examinations by the educational psychologist and, of course a rest room for pupils who become unwell in school. One outstanding feature of the school is the excellent gymnasium which plays such an important part in the physical development of the children and the extensive provision for outdoor activities is a great advance on the old Barnard Street site. There is only one matter for regret—the estimated need was for 120 pupils and provision having been made for 110 there was a waiting list for admission from the start.

Handicapped Children attending Schools outside the County Borough

Blind and Partially Sighted	—12 in Residential Special Schools.
Deaf and Partial Hearing	—10 in Residential Special Schools, 10 travel daily to Middlesbrough School for the Deaf and 10 are in attendance at Reid Street Partially Hearing Unit.
Delicate	—One is in a Residential Special School.

Physically Handicapped	— 4 in Residential Special Schools.
Educationally Subnormal	—23 in Residential Special Schools.
Maladjusted	—17 in Residential Special Schools or Homes.
Epileptic	—One is in a Residential Special School.

Handicapped Children in Normal Schools

Many children suffering from chronic disabilities are able to attend normal schools. These include 5 epileptics and 31 with other physical disorders.

Home Tuition.

This has been arranged for 9 children during the year for varying periods of time and many different types of disability.

ILLNESS IN SCHOOL CHILDREN

Children Admitted to Hospital

Diseases of the Ear, Nose and Throat						Cases
Removal of Tonsils and Adenoids	...	...	...	...	...	115
Otitis Media	...	...	...	...	...	3
Treatment of other conditions	...	...	...	...	...	33
Diseases of the Eye						
Operative correction of squint	...	...	...	...	...	14
Other conditions, including injuries	...	...	...	...	...	7
Acute Surgery						
Appendicitis	...	...	...	...	...	30
Osteomyelitis	...	...	...	...	...	1
Perthés Disease	...	...	...	...	...	1
Other acute conditions	...	...	...	...	...	3
Non-Acute Surgery						
Orthopaedic procedures	...	...	...	...	...	32
Hernia Repairs	...	...	...	...	...	8
Dental operations	...	...	...	...	...	1
Circumcision	...	...	...	...	...	6
Other conditions	...	...	...	...	...	45
Various Medical Conditions						
Hydrocephalus	...	...	...	...	...	1
Diabetes	...	...	...	...	...	4
Epilepsy	...	...	...	...	...	3
Henoch's Purpura	...	...	...	...	...	1
Leukaemia	...	...	...	...	...	1
Fibrocystic Disease	...	...	...	...	...	1
Other conditions	...	...	...	...	...	74

Infectious Diseases							Cases
Measles	...	...	...	...	...	...	3
Pneumonia	...	...	...	...	...	...	6
Gastro Enteritis	...	...	...	...	...	...	2
Salmonellosis	...	...	...	...	...	...	1
Glandular Fever	...	...	...	...	...	...	1
Meningitis	...	...	...	...	...	...	1
Accidents							
Fractures and Dislocations	...	...	...	...	...	...	22
Foreign Bodies	...	...	...	...	...	...	6
Other Injuries	...	...	...	...	...	...	33
Skin Conditions	...	...	...	...	...	...	4

NOTIFIABLE INFECTIOUS DISEASE

Measles	...	...	...	...	...	...	367
Whooping Cough	...	...	...	...	...	...	9
Infective Hepatitis	...	...	...	...	...	...	16
Scarlet Fever	...	...	...	...	...	...	22
Acute Pneumonia	...	...	...	...	...	...	1
Pulmonary Tuberculosis	...	...	...	...	...	...	1
Dysentery	...	...	...	...	...	...	1

The following deaths occurred amongst School Children

Lymphoblastic leukaemia	...	...	...	...	...	...	1
Diabetic Ketosis	...	...	...	...	...	...	1
Fibrocystic disease	...	...	...	...	...	...	1
Cerebral contusion with fractured skull	...	...	...	...	...	...	1
Cerebral haemorrhage	...	...	...	...	...	...	1

IMMUNISATION

For the majority of children Triple immunisation has been completed before school entry. The same applies to primary vaccination against poliomyelitis but the "booster" dose is offered at the entrant medical examination. B.C.G. vaccination against tuberculosis is offered at 10-11 years of age.

Primary immunisation against Diphtheria and Tetanus	19
Reinforcing injections—Triple	421
Primary vaccination against Poliomyelitis	211
Reinforcing doses	970
B.C.G. vaccination	814

SCHOOL MEALS SERVICE

Of the 1,705,112 meals taken by school children, 191,541 were provided free. The average distributed per day was 8,744. 2,247,534 bottles of milk were supplied,

MENU

Monday :

Shepherd's Pie with Cheese Potato Top, Swedes, Gravy
Lemon Curd Tart, Custard.

Tuesday :

Braised Steak, Cabbage, Potatoes
Eve's Pudding, Custard.

Wednesday :

Roast Mutton, Carrots, Potatoes, Mint Sauce, Gravy
Crunchie Fruit Pudding, Custard.

Thursday :

Vegetable Soup
Fish Fingers, Peas, Chips
Biscuit.

Friday :

Cheese and Rice Souffle, Grilled Tomatoes, Baked Potatoes
Jelly Sponge, Custard.

DENTAL REPORT

The Principal School Dental Officer, Mr. P. Waterfall, has reported as follows :—

The pattern of work of our dental service has been much the same as in previous years, i.e., inspections in either schools or at the clinic followed by any necessary treatment.

However, there have been one or two significant happenings during the year that make it different from others. At the beginning of the year, we had an applicant for the post of Assistant Dental Officer but unfortunately this person withdrew his application at the last moment. Immediately after this setback we received an application from Mrs. Walford, a newly qualified dental graduate of Sheffield University. The young lady's application was successful and she joined our staff on 17th April, 1967. Unfortunately Mrs. Walford had only been with us for a short while when she tendered her resignation owing to her husband's posting to a Dental Unit in Germany.

The most significant event during the year must undoubtedly be the Mobile Dental Unit project. Authority was given early in the year to go ahead with the purchasing and equipping of a Mobile Dental Clinic and an order to this effect was despatched in June, 1967, the unit being eventually delivered at the end of October, 1967. I would like to say a little in detail about this Mobile Dental Unit. Our particular model is the Kingston-de-luxe and it was supplied by Messrs. Hill Bros. of Hull. The dental equipment was supplied by three firms, viz :—

Dental Manufacturing Company.
James Rouse Ltd.
S. S. White Dental Manufacturing Company.

The unit itself consists essentially of a surgery containing the operating unit, light, chair, sterilizer and cabinets and a waiting room separated from the surgery by a sliding door. The interior of the unit is heated by electric radiators and a fan heater, the temperature being regulated by a wall mounted thermostat. A compressor unit is fitted into a recess under the sink and ventilation is provided by a roof mounted vent axia fan. Before we could use the mobile unit, special electric fittings had to be installed in schools. This was necessary because in the interests of safety the electric power supply had to come from a 30 amp. source instead of the usual 15 or 13 amp. In the first instance five schools were adapted so that they could utilise the caravan and up to the present moment we have visited four schools, viz :— Open Air School, Glebe Road and Alderman Leach Junior and Infants.

This scheme has been greatly appreciated by Head Teachers, parents and children because less time is spent away from school activities and there is no necessity for parents to attend with their children. Often in the past, parents have refused treatment at the School Clinic simply because it has been inconvenient or impossible for them to attend with their children. I am hoping therefore that the acceptance rate will improve at any school where the mobile unit is being used.

There is no doubt that in the future dental inspections and treatment will become part of the normal school programme. It is, however, unfortunate that only one school at a time can be dealt with using the mobile clinic and although a particular school may be adapted to take the unit, it may be necessary for children from this school to be treated at the central clinic.

May I say at this juncture how very indebted I am to all Head Teachers, Teachers, Welfare Officers, Caretakers, Parents and Children for their co-operation in helping to make a success of this project.

I would also like to extend my thanks to the Transport Section of the Borough Surveyor's Department for towing and garaging the caravan and also the Corporation Transport Department for washing it every week.

I am very pleased to say that our staffing position did improve again in October when Mr. F. B. Taylor, Dental Surgeon, and Miss Joan Little, dental clerk joined us on a part-time basis (six sessions per week).

At this juncture I would like to formally thank the Committee for granting permission for me to attend a Course on Administration held in the Headquarters of the British Dental Association in November, 1967. There were several very good papers, especially one given by Mr. L. B. Corner, Chief Dental Officer for Lancashire, on the Administration of the Local Authority Dental Service in a large County. The programme concluded with a symposium on the future of the Local Authority Dental Service and a very interesting discussion ensued.

During the course of the year, I made an investigation into the question of tuck shops in schools and I was very pleased to find that only two or three existed. Certain schools still provide crisps and nuts, this being dentally acceptable, but it is the provision of sweets, biscuits, chocolates and mineral drinks that is to be deprecated.

Evening sessional work continued during the year, these sessions being well attended with very few broken appointments. These evening appointments are appreciated by those children who attend regularly for treatment and those in the older age groups.

During the year I displayed more posters at the clinic than in previous years. Children and parents alike seem in general to be interested in these posters and I hope that we shall all benefit from this form of Dental Health Education. I have not been able to do any practical Dental Health Education in schools during the year because, as in previous years, there has been a surfeit of clinical work. However, during the coming year I intend to display more posters in schools and welfare clinics. I think that we will be able to provide a programme of practical Dental Health Education in those schools that are visited by the Mobile Dental Unit.

The Maternity and Child Welfare side of our work has not changed much since last year. However, although there has not been an increase in the number of nursing and expectant mothers, there has been a slight increase in the number of pre-school children taking advantage of our service. Commendable as this is, I would like to see more nursing and expectant mothers attending so that they could be given treatment and advice about their own and their children's teeth. Possibly there would not be so many pre-school children requiring treatment if all expectant and nursing mothers were instructed in the ante and post-natal care of their baby's teeth.

In the past, pre-school children have been required to make dental appointments through their Welfare Clinics. This could be done without the necessity for them to have a medical examination. As the majority of pre-school children who visit us require extractions under General Anaesthesia, I have arranged for all such children to have a medical examination before attending for treatment.

One new feature of our service has been the presentation to children from Infants' Schools, if so warranted, of a Certificate of Merit for distinguished conduct in the dental chair. This has been accepted with acclaim by children, parents and Head Teachers. At Alderman Leach Infants' School for instance, all the children who had been awarded these certificates were presented with them by the Head Teacher at morning assembly. This, I am sure, will help in some way to encourage children to attend for treatment and in the end must be a worthwhile enterprise.

I was a little disappointed that owing to lack of space we were unable to show anything more than a poster or two and an electric toothbrush at the Civic Centenary Exhibition,

Once again I would like to draw the attention of the Committee to the deplorable lack of dental waiting space due to congestion with welfare foods. Many of the cases of food are stacked high and in an unsafe manner. If young children were sitting waiting for dental treatment and one of the piles fell over there could be a very nasty accident.

I would like in this report to include a few statistical details which may be of interest to the Committee. These figures show, how over the course of the past 2-3 years, the acceptance rate and the numbers requiring treatment have varied. Eight schools were chosen at random and details are as follows :—

School	Acceptance rate	% requiring treatment
Alderman Leach Junior		
1965	42%	62%
1967	44%	76%
Skerne Park Junior		
1964	73%	57%
1967	58%	68%
St. Teresa's Primary		
1964	58%	44%
1967	60%	67%
St. Andrew's Primary		
1966	46%	49%
1967	52%	54%
Abbey Junior		
1963	17%	53%
1966	13%	64%
St. Augustine's Primary		
1963	48%	54%
1967	42%	72%
Holy Family Primary		
1964	40%	57%
1967	48%	77%
Cockerton Primary		
1963	67%	47%
1967	41%	51%

In all these instances although the number accepting treatment has fluctuated up and down, the % requiring treatment has increased. This seems to indicate that the scourge of dental decay always has the upper hand and I am quite sure this is in no small measure due to our staffing inadequacies.

Although there should be some improvement within the next year or so due to the fact that we now have a part-time dental officer

with us, I feel that there will be no marked improvement until we achieve our establishment of four full-time dental officers. This problem is by no means a local one as the shortage of dental staff seems to exist throughout the country; some authorities are better staffed than ours and others are in a worse position.

I think that staffing will always be a great problem and I feel that it is essential that more work is done in the field of preventive dentistry as traditional methods of treatment are not really effective in solving the tide of dental decay. Fluoridation of the water supplies would have in no small way seen us a long way along the road but unfortunately the powers that be cannot see their way clear to sanction this project.

However, fluoride can be administered in other ways and one of the most successful of these is the topical application of fluoride solutions. This method has been used in Sweden with great success, a 40% reduction in dental decay being claimed. The technique of the method is that children at school rinse their mouths with a weak sodium fluoride solution under the supervision of the dental staff, this mouthwashing being done twice a month for one year. As the fluoride is not being ingested, the question of ethics or mass medication and interference with individual liberties can be excluded. However, I think that it will be wise to get the permission of parents before children can take part in this project.

At the moment, I am making enquiries into the cost of this treatment and when I have this information I will be putting a definite proposal to the Authority for permission to carry out this work. It will, of course, be necessary to inspect a school before and after this treatment and possibly we will only be able to do one or two schools at a time. However, I think that it will be a step in the right direction and I sincerely hope that after a year of treatment the results are gratifying.

I am very pleased to say that the treatment figures for the year are very much better than those for last year. Fillings in permanent teeth are up by over 1,000 and those on deciduous teeth from 193 to 630. This last figure shows that my dental staff are doing their best to maintain the integrity of the dental arches on the growing child. This in turn will promote normal and healthy growth of the supporting structure and will help to avoid many of the irregularities that occur due to early loss of deciduous teeth. One other feature that pleases me is that the number of permanent teeth extracted is less than the figure for the previous year.

In conclusion, I would like to thank Dr. Walker and his staff for their co-operation and cordiality. To my own staff, Mr. Munro, Mr. Taylor, Dr. Wright, Miss Langhorne, Miss Allen and Miss Little, I extend my thanks for their continued loyalty and co-operation.

OPHTHALMIC CLINIC

Mr. Wilkie and Mr. McClemonst continued to attend on alternative weeks. 268 children attended for primary examination and 417 for re-examination.

Mr. McClemon reports as follows :—

I think the work of the clinic has gone quite smoothly during the last year and attendances are about average I would have thought, although I have not checked the figures. I think we are managing to keep the waiting-list for appointments under reasonable control, certainly so far as new cases go, although there may perhaps be some delay in the re-visits. I cannot think of any way of avoiding this, but will of course endeavour to keep such cases to a minimum.

SPEECH THERAPY

Mrs. E. Mary Pryce, Speech Therapist, reports as follows :—

I took over the Speech Therapy Clinic in the middle of October, 1967. I am employed by the Hospital Authorities for twenty-two hours per week and it was arranged that part of this should be devoted to the School Health work if I found that I had time over and above my hospital duties.

The hospital clinic had been unstaffed for some years and it was difficult to foresee the eventual size of the case load. This made it very difficult for me to apportion time to the School Health Service.

Venue

Salters Lane Open Air School
Harrowgate Hill Infants School
Dodmire Infants School

The majority of children are seen in school at present partly because this gives me a chance of close liaison with the teaching staff. Also conditions at the Speech Clinic are not good at present. A considerable amount of redevelopment in the area makes conditions very noisy and unsatisfactory for treatment purposes. However, I visit the clinic for part of one session (1½ hours) each week in order to keep in close contact with Miss Sproates, teacher of the deaf, and to carry out some treatment. There have been a number of cross referrals, that is children referred both by the School Health Authorities and by Consultants within the hospital and these children, together with some others, are treated at my out-patient clinics at Hundens Hospital.

Sources of Referral

Referrals have been received from,

Consultants within the hospital
School Medical Officers
Health Visitors
Head Teachers of Schools
Speech Therapists from other areas
Teacher of the Deaf

Types of Speech Disability

A number of children referred have minor articulatory defects which are likely to resolve themselves without specific therapy. These children were seen for assessment and for parent counselling and they will be reviewed at an appropriate date.

A high proportion of children have severe articulatory defects (articulatory dyspraxia). In these cases the articulatory defect is so severe as to amount almost to a linguistic problem and treatment is inevitably prolonged and may not always be very successful. In these cases the co-operation of the teachers is very valuable.

Stammering

A number of children have been referred with stammers and have been treated by the new technique of syllable timed speech which has produced very satisfactory results.

Cleft Palate

A number of children have been referred with speech defects in association with cleft palate. In the treatment of these I am fortunate in having a close liaison with Mr. Bell, Plastic Surgeon, in my work for the Hospital Authorities.

For the Future

- (1) Employment of a speech therapist by the Education Authorities.
- (2) Closer working links with all sections of medical staff including meetings for discussions of particular problems.
- (3) Improvement in the conditions of the Speech Clinic. This is likely to come about when the new buildings are ready.
- (4) There is a considerable amount of work to be done in Darlington area and I feel there should be established at least one full-time and one part-time therapist.

Present services cannot hope to cover even the special schools adequately, let alone the referrals of pre-school children. It is to be hoped that in the future all the schools could be visited by the therapist and children could be assessed in familiar surroundings.

The link between the Hospital and School Services is very valuable.

I would like to thank all those who have helped me to re-establish this service in Darlington.

Figures for 2½ months

Salters Lane Open Air School	...	...	14
Harrowgate Hill Infants' School	...	...	3
Dodmire Infants' School	...	...	11
School Clinic	...	...	4
Seen at Hundens Unit	...	...	9
Total seen			41
Discharges			6

DEAF CHILDREN

Miss T. Sproates, Teacher of the Deaf, reports as follows:—

Cases dealt with during the Year**Children suspected of Defective Hearing who were referred for Audiometric Examination****Sources of referrals**

School Medical Officers	...	...	...	108
Educational Psychologist	...	...	...	3
Head Teachers	...	...	...	23
Health Visitors	...	...	...	8
Speech Therapist	...	...	...	4
Parents	...	...	...	10
Total				156

Children suspected of educational sub-normality

No. referred for tests of hearing	...	...	34
No. found to have a hearing loss	...	...	6

It was regrettable that the organised screening tests of hearing for pre-school children had to be discontinued this year owing to shortage of staff. It is desirable that all children with a significant hearing loss should be discovered before school age and this was extremely valuable work carried out by a skilful team of Health Visitors. However, it is hoped that an Audiometrician will be appointed in 1968 to carry out tests of hearing in Primary Schools, so that all children will be screened for hearing impairment as soon as possible after school entrance.

Children known to have a Hearing Loss but not ascertained as Partially Hearing

No. reviewed from previous years	...	...	237
Total No. attending ordinary schools	...	...	120
No. of children found to have defective hearing in 1967	...	...	38

In September 1967 the Authority provided a Unit for Partially Hearing Children at Reid Street Primary School and appointed another Teacher of the Deaf. The children (max. 10) attending the Unit, are of Infant/Junior age range, coinciding with that of the school, in order to allow effective integration.

The purpose of this Unit is to provide special help for children with a hearing loss which although not severe enough to warrant education in a School for the Deaf, is sufficient to cause difficulty in maintaining progress in the large classes of ordinary schools.

From their specially equipped classroom the children have opportunity to integrate with the rest of the school—at play and meal times. They are also able to join in practical classes, e.g. art, craft and P.E. When the teacher in charge of the group feels that a child is sufficiently competent to do so, there is an extension of integration to general subject classes with the view to eventual return to the child's original school. Should a child fail to reach a high enough standard for transfer to the ordinary school at the end of the Junior stage, he may have to continue his education at a Special School for Partially Hearing pupils.

For the year ended December, 1967

No. of children attending Reid Street Partially Hearing Unit	... ..	9
No. of children attending ordinary schools who have hearing aids	... ..	10
No. of children with impaired hearing who attended for instruction in lip-reading and/or speech improvement	... ..	17

It is becoming increasingly evident that there is an urgent need for a local centre for the repair and maintenance of hearing aids, not only for school children but also for adults.

Conclusion

I should like to express my thanks to the Chief Education Officer and his staff, the Principal School Medical Officer and his staff and the Head Teachers for their help and co-operation throughout the year.

CHILD GUIDANCE

The Educational Psychologist, Mr. John Gordon, reported as follows :—

The Clinic Staff in 1967 was as follows :—

Consultant Psychiatrist : Dr. L. W. Robinson, M.B., Ch.B., D.P.M.

Educational Psychologist : Mr. J. Gordon, M.A., M.Ed., A.B.Ps.S.

Social Worker : Mrs. M. W. Lawrence, B.A.

Secretary : Miss M. Thornberry.

This stability in staffing was very pleasing and allowed the work to go forward rather more smoothly than in the previous year when we were without the services of a social worker for several months.

Sources of Referral

Cases were referred from the following sources :—

Chief Education Officer	41
School Medical Department	30
Head Teachers	40
Parents	15
Family Doctors	16
Children's Officer	4
Probation Office	3
Juvenile Bench	1
Consultant Psychiatrist	1
Social Workers	2
Mental Health Officer	1
Speech Therapist	1
Youth Employment Officer	1
School Medical Department—Durham ...	4
	160

Although Durham County has increased its psychiatric facilities for children, a few cases come to us because of special circumstances.

Causes of Referral

The six headings under which the referrals in 1967 are grouped are those suggested in the " Report of the Committee on Maladjusted Children " (S.O. 1955). A few words of explanation of the headings are given below.

(i) Nervous Disorders

The word nervous is, of course, used in its popular sense to describe a disorder which is primarily emotional and many childish disorders fall into this category. Included are those who are fearful for some reason or other and go on being frightened even when their fears are in no way justified from the standpoint of external reality. Also included are those who are excessively timid, who cannot face strangers, who suffer from nervous sickness and who dread going to school.

(ii) Habit Disorders

There is no hard and fast division between this category and that above. The name brings out the fact that many children require help because they have failed to develop some habit regarded as normal and appropriate for their age, such as a regular rhythm of sleep or dryness at night, or because they have developed a habit which would be regarded as abnormal or at least undesirable at any time, such as stammering, twitching, sleep-walking or nervous vomiting.

(iii) Behaviour Disorders

In this category were placed those cases in which the children appeared to be in active conflict not only within themselves, but with their environment in general. In such cases the disorders ranged from minor disturbances, such as temper tantrums, jealous behaviour, romancing, to the more serious disorders of persistent truancy, cruelty, delinquency and sexual troubles.

(iv) Organic Disorders

Whereas the disorders described above are expressions or symptoms of psychological disturbances, in this category the symptoms are produced either by some physical defect or by physical changes, usually in the brain or spinal cord. The original causes may be illness or injury. In general, few cases of this nature are referred to the Child Guidance Clinic as they are generally already under medical surveillance.

(v) Psychotic Behaviour

This might be simply and comprehensively described as conduct which is so profoundly disturbed that disruption of the normal patterns of development takes place at all levels, intellectual, social and emotional. Such children are often described as living in a world of their own. They fail to achieve normal relationships with other people or things, and are thus often remote, solitary, incontinent, sleepless, unoccupied, and ineducable. Fortunately, few children fall into this category.

(vi) Educational Difficulties

This category is comprised almost entirely of the cases referred because of poor educational progress and where the cause appears to be low intelligence, and where the educational retardation is sufficient to require a decision to be made with regard to special educational treatment.

Causes of Referral in 1967

	Nervous	Habit	Behaviour	Organic	Psychotic	Educational/ Vocational	Totals
	(i)	(ii)	(iii)	(iv)	(v)	(vi)	
Boys	15	9	40	—	—	34	98
Girls	11	9	22	—	—	20	62
Totals	26	18	62	—	—	54	160

As usual, more boys than girls have been referred to the Clinic and again in the proportion of three boys to two girls. Boys retain their 2 : 1 lead in anti-social behaviour; and there is a preponderance of boys who experience educational difficulties. Until a couple of years ago, relatively few girls were referred for habit disorders but now we see about the same number of girls as boys in this category. This may be fortuitous and temporary; or it may reflect a change in

attitude of the parents, whether it be a diminished urge to shield their daughter from embarrassment or an increased readiness to seek outside help.

Just over half of the cases called for advice or a recommendation; the others have been accepted for treatment.

During the year, thirty-one children were found to be in need of education in a special school and seven were considered to be unsuitable for education in school.

Conclusion

Liaison with other Departments and with schools has been close and fruitful and the staff of the Child Guidance Clinic wishes to thank all for their willing co-operation.

PHYSICAL EDUCATION

The Organiser of Physical Education, Mr. A. I. Cameron, reports as follows :—

General

The year's progress in Physical Education is not so apparent in things achieved or acquired but in the amount of basic thinking towards the future which has been going on. The pending change-over of secondary schools to comprehensive units together with the envisaged raising of the school leaving age to 16 has opened up avenues for further investigation into the contribution which Physical Education makes towards the education of children.

Inevitably one associates the physical activities which young people of 15 and 16 enjoy with those which adults enjoy. The need to offer activities in the upper school in which they could continue to participate in later life had led physical educationists to consider alternative activities to the more traditional games.

For some pupils, team games, athletics and competitive sports may offer the chance of success needed for their self confidence and esteem, for others more individual, non-competitive pursuits may provide a better challenge to initiative. Certainly at the top of secondary schools there is likely to be a growing emphasis on small group activities and out-of-school activities. The logical progression from basic training in earlier years will be towards a system of options which allows senior pupils to select activities which appeal to them.

All this will aggravate problems of organisation and space. In practice the time-table and the available facilities and equipment will largely determine the degree of choice.

Activities such as Archery, Fencing and Golf are at present being considered for introduction to the curricula of secondary schools.

Health

Children are much healthier, due mainly to better living conditions. The part which Physical Education has played to reach this state should not be underestimated.

There is, however, still much concern over the high percentage of foot defects among school children. Almost 50% of children suffer from foot defects, and what is more alarming 75% of school leavers have some foot defect or other. Most pupils have a deviation of the big toe which tends to develop into a bunion at an early age. Corns and hammer toes are common. There is no doubt that unsatisfactory footwear is the cause of this. The tendency towards foot defects is more evident among girls, and one cannot help thinking that the dictators of fashion would benefit from courses in human anatomy.

Amenities and Activities

Facilities and equipment for Physical Education continue to improve. The Sports Hall in Archer Street has proved to be an excellent venue for courses and competitions of various kinds. An artificial climbing wall offering a variety of climbs from elementary to difficult was provided during the year. The Hall now offers indoor facilities for Athletics, Aikido, Archery, Badminton, Basketball, Climbing, Fencing, Gymnastics, Golf, Judo, Tennis, Trampolining, Volleyball and Weight Lifting. Heating was installed prior to the winter season and has provided comfortable temperatures for users. Seating accommodation for 300 is readily available for spectator events.

The Sports Hall is used during the day by the Central Secondary School and the College of Technology. The evenings and weekends are largely devoted to Youth Service activities, but a fair percentage of time has been available for letting to outside organisations. During July 1967, the Hall was one of the venues for the "Education at Work" Exhibition which proved to be a most attractive event.

A seven-hole and a three-hole Golf course were provided at Haughton and Branksome Secondary Schools, respectively, for play during the summer. It is hoped to extend this provision to other secondary schools.

The provision of Darlington's first school swimming pool at Eastbourne will undoubtedly have a tremendous impact on the standard of swimming of pupils at this school. It is intended that ultimately this provision will be extended to other schools.

Staffing

The Authority has been more fortunate than many Authorities in having specialist teachers of Physical Education at most of its secondary schools. The burden of primary school teachers is gradually being eased by the provision of new schools and improved facilities and equipment and by the appointment of knowledgeable teachers to posts of responsibility in Physical Education,

Members of staff in both primary and secondary schools continue to give freely of their spare time to out-of-school activities, and achieve considerable success with their pupils at regional and national level.

A number of teachers are active in the Authority's Youth Centres and contribute considerably to breach the gap between school and post-school recreational activities.

Conclusion

So much happens during the year that it is not possible to chronicle all the highlights. Much progress is being made, tempered only by the limitations on spending which prevent the development of the constant flow of ideas for improvement.

APPENDIX TABLES

PART I. Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A. Periodic Medical Inspections.

Age Groups inspected (By year of Birth)	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1963 and later	185	185	—	—	1	19	19
1962	975	971	4	—	7	172	178
1961	529	528	1	—	2	92	93
1960	38	38	—	—	1	7	8
1959	15	15	—	—	—	2	2
1958	10	10	—	—	1	—	1
1957	19	19	—	—	1	4	5
1956	586	585	1	—	61	76	128
1955	277	276	1	—	41	51	87
1954	9	9	—	—	1	4	4
1953	26	26	—	—	2	7	9
1952 and earlier	867	864	3	—	158	83	230
TOTAL	3,536	3,526	10	—	276	517	764

Col. (3) total as a percentage
of Col. 2 total ... 99.72%

Col. (4) as a percentage of
Col. 2 total ... 0.28%

TABLE B. Other Inspections.

Special Inspections	...	...	...	1,697
Re-Inspections	...	...	...	162
Total				1,859

TABLE C. Infestation with Vermin.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	33,334
(b) Total number of individual pupils found to be infested	554
(c) Number of individual pupils in respect of whom cleansing notices were issued Section 54(2), Education Act, 1944	—
(d) Number of individual pupils in respect of whom cleansing orders were issued Section 54(3), Education Act, 1944	—

**PART II. Defects found by Periodic and Special Medical Inspection
during the Year.**

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
4.	Skin	T 29	23	27	79	33
		O 26	13	7	46	18
5.	Eyes—a. Vision	T 10	159	107	276	31
		O 3	1	3	7	4
	b. Squint	T 44	3	14	61	19
		O 4	—	2	6	4
	c. Other	T 4	5	2	11	4
		O 5	4	1	10	7
6.	Ears—a. Hearing	T 20	7	16	43	40
		O 7	2	2	11	10
	b. Otitis Media	T 10	4	1	15	6
		O —	—	—	—	—
	c. Other	T 8	2	9	19	13
		O 29	4	3	36	13
7.	Nose and Throat	T 79	4	24	107	72
		O 169	13	79	261	102
8.	Speech	T 12	2	3	17	16
		O 22	2	10	34	21
9.	Lymphatic Glands	T 20	—	8	28	26
		O 113	2	37	152	61
10.	Heart	T 20	1	6	27	22
		O 24	3	8	35	10
11.	Lungs	T 14	1	6	21	27
		O 48	6	9	63	43
12.	Developmental—a. Hernia	T 4	1	2	7	3
		O 3	1	1	5	3
	b. Other	T 15	12	12	39	16
		O 30	7	19	56	17
13.	Orthopaedic—a. Posture	T 1	1	1	3	2
		O 6	4	3	13	6
	b. Feet	T 24	10	15	49	26
		O 163	10	48	221	61
	c. Other	T 18	5	13	36	28
		O 125	7	49	181	47
14.	Nervous System—					
	a. Epilepsy	T 1	—	1	2	13
		O 2	2	1	5	2
	b. Other	T 3	—	3	6	5
		O 5	5	13	23	12
15.	Psychological—					
	a. Development	T 2	3	22	27	47
		O 2	—	2	4	11
	b. Stability	T 12	2	14	28	37
		O 133	3	76	212	136
16.	Abdomen	T 4	1	6	11	11
		O 11	4	7	22	12
17.	Other	T 11	7	14	32	22
		O 16	4	7	27	21

PART III. Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A. Eye Diseases, Defective Vision and Squint.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	29
Errors of refraction (including squint)	686
Total ...	715
Number of pupils for whom spectacles were prescribed	353

TABLE B. Diseases and Defects of Ear, Nose and Throat.

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsilitis ...	115
(c) for other nose and throat conditions ...	28
Received other forms of treatment—	45
Total ...	188
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1967	10
(b) in previous years	18

TABLE C. Orthopaedic and Postural Defects.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	277
(b) Pupils treated at school for postural defects	—
Total ...	277

TABLE D. Diseases of the Skin (excluding uncleanness, for which see Table C. of Part I.

	Number of cases known to have been treated
Ringworm (a) Scalp	—
(b) Body	1
Scabies	29
Impetigo	10
Other skin diseases	353
Total ...	393

TABLE E. Child Guidance Treatment.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	234

TABLE F. Speech Therapy.

	Number of cases known to have been treated
Pupils treated by speech therapists	40

TABLE G. Other Treatment Given.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	174
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination ...	814
(d) Other than (a), (b), and (c) above (specify)	
Injuries	33
Various Surgical Repairs and Procedures	154
Total ...	1,175

Screening Tests of Vision and Hearing.

1. (a) Is the vision of entrants tested as a routine within their first year at school? No.
- (b) If not, at what age is the first routine test carried out? At 8 years of age.
2. At what age is vision testing repeated during a child's school life? Repeated at 10-11 yrs. and 14-15 years.
3. (a) Is colour vision testing undertaken? Yes.
- (b) If so, at what age? 14-15 years.
- (c) Are both boys and girls tested? ... Boys only.
4. (a) By whom is vision testing carried out? Health Visitor.
- (b) By whom is colour vision testing carried out? School Medical Officer and Health Visitor.
5. (a) Is routine audiometric testing of entrants carried out within the first year at school? Yes.
- (b) If not, at what age is the first routine audiometric test carried out? —
- (c) By whom is audiometric testing carried out? Teacher of the Deaf.

Dental Inspection and Treatment carried out by the Authority

ATTENDANCES & TREATMENT	Ages 5 to 9		Ages 10 to 14		Ages 15 & over		Total
First visit	1.	1,346	12.	921	23.	184	2,451
Subsequent visits	2.	906	13.	2,245	24.	454	3,605
Total visits		2,252		3,166		638	6,056
Additional courses of treatment commenced	3.	162	14.	160	25.	25	347
Fillings in permanent teeth ...	4.	1,127	15.	1,811	26.	396	3,334
Fillings in deciduous teeth ...	5.	599	16.	31		—	630
Permanent teeth filled	6.	787	17.	1,434	27.	339	2,560
Deciduous teeth filled	7.	518	18.	26		—	544
Permanent teeth extracted ...	8.	148	19.	587	28.	127	862
Deciduous teeth extracted ...	9.	2,672	20.	834		—	3,506
General anaesthetics	10.	951	21.	497	29.	44	1,492
Emergencies	11.	100	22.	74	30.	10	184

Number of Pupils X-rayed	31.	110
Prophylaxis	32.	210
Teeth otherwise conserved	33.	188
Number of teeth root filled	34.	4
Inlays	35.	1
Crowns	36.	3
Courses of treatment completed	37.	2,514

ORTHODONTICS	Cases remaining from previous year ...	30
	New cases commenced during year ...	30
	Cases completed during year ...	14
	Cases discontinued during year ...	2
	No. of removable appliances fitted ...	47
	No. of fixed appliances fitted ...	—
	Pupils referred to Hospital Consultant	43. 10

PROSTHETICS	5 to 9		10 to 14		15 & over		Total
Pupils supplied with F.U. or F.L. (first time)	44.	—	47.	—	50	—	—
Pupils supplied with other dentures (first time)	45.	1	48.	17	51.	6	24
Number of dentures supplied ...	46.	1	49.	22	52.	6	29

ANAESTHETICS General Anaesthetics administered by Dental Officers 53. 491

INSPECTIONS

(a) First inspection at school. Number of Pupils	A.	4,040
(b) First inspection at clinic. Number of Pupils	B.	1,105
Number of (a) + (b) found to require treatment	C.	3,502
Number of (a) + (b) offered treatment	D.	3,025
(c) Pupils re-inspected at school or clinic	E.	635
Number of (c) found to require treatment	F.	407

SESSIONS

Sessions devoted to treatment	X.	846
Sessions devoted to inspection	Y.	75
Sessions devoted to Dental Health Education	Z.	—



